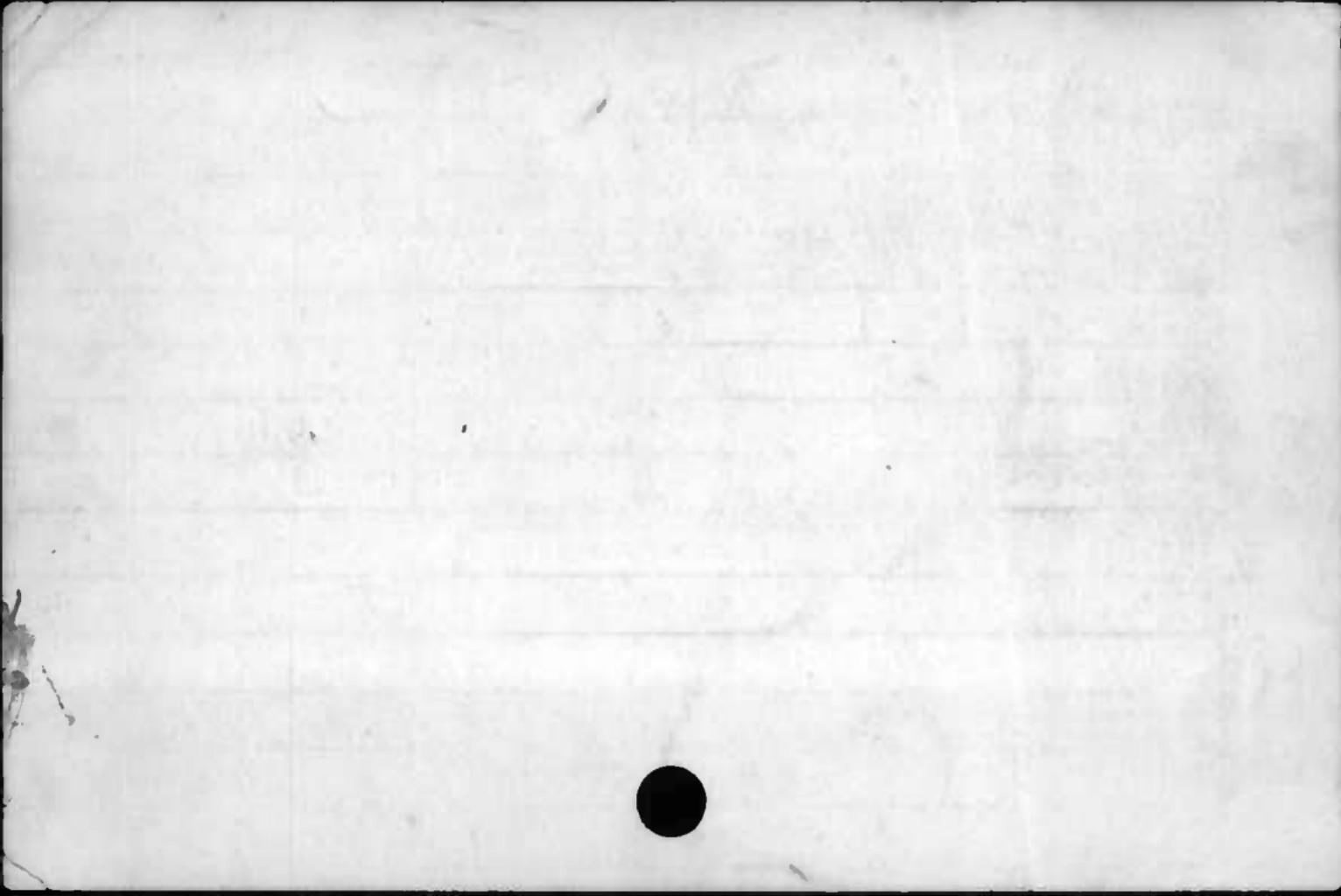


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Joshua S. Alcott</i>				CERTIFICATE OF DEATH			
Died <i>Lederstung</i>	Town	<i>Breckin</i>		County	MARYLAND		
Date of death <i>1906</i>	Month <i>3</i>	Day <i>7</i>	Years <i>—</i>	Age <i>—</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>				Birthplace <i>Lederstung</i>		
Occupation <i>—</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Anna M. Alcott</i>					Father's Birthplace <i>Md.</i>	
Father's Name <i>Sherman Alcott</i>							Mother's Birthplace <i>—</i>
Mother's Maiden Name <i>Anna M. Alcott</i>							How related to deceased <i>Daughter</i>
Name of person giving Information <i>Dr. A. Shantz</i>							
CAUSES OF DEATH							
Primary	<i>W</i>						How long
Immediate <i>Bronchitis Pneumonia</i>	<i>W</i>						How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>W. H. Kable</i>			
				Address <i>Hoodsboro, Md.</i>			
Accident or Suicide?							



Name  
in  
Full

Suey Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u>		Town <u>Frederick</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>7</u>	Years <u>27</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>W. Va.</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>James G. Allen</u>				
Father's Name <u>Dennis Whitney</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Mary Rider Brown</u>			Mother's Birthplace <u>W Va</u>		
Name of person giving Information <u>James G. Allen</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 years</u>
Immediate <u>"</u>	How long <u>1 mo</u>

Are the name, age, sex, color, date  
and place correctly given above?

yes

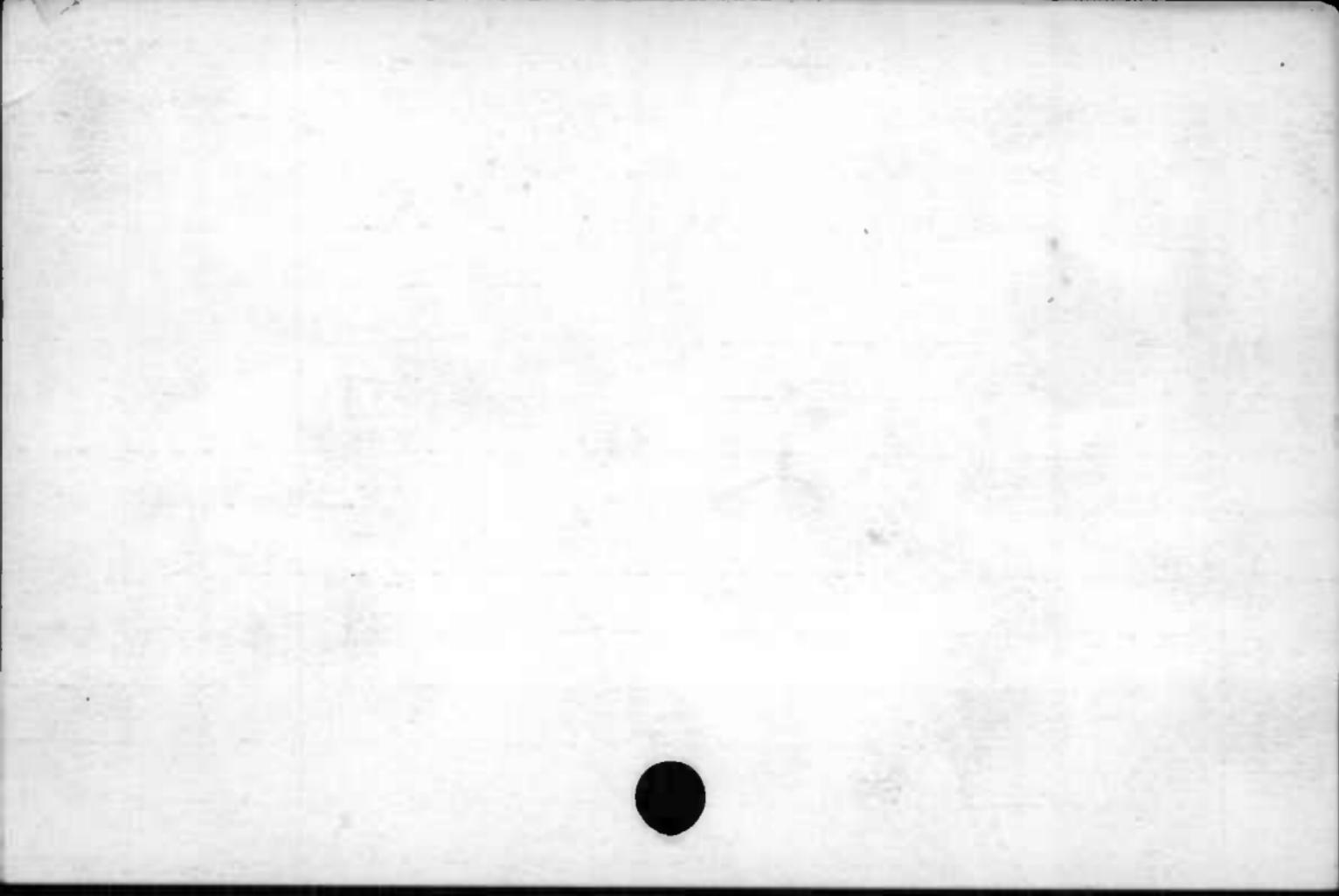
Signature of  
Physician

A. G. Horine

Address

Brunswick  
MD

Accident or Suicide? no



Name  
in  
Full

Margret E. Ashford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month March	Day 21	Age 85	Years	Months 6
Sex Female	Color or Race white	Birth-place Md.			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	John Ashford		
Father's Name	John - Frozie	Father's Birthplace	Md		
Mother's Maiden Name	Mary Hanesworth	Mother's Birthplace	Md		
Name of person giving information	Mrs. 1301. Weston	How related to deceased	Grand daughter		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Old age  
card

154

How long

Immediate

2 weeks

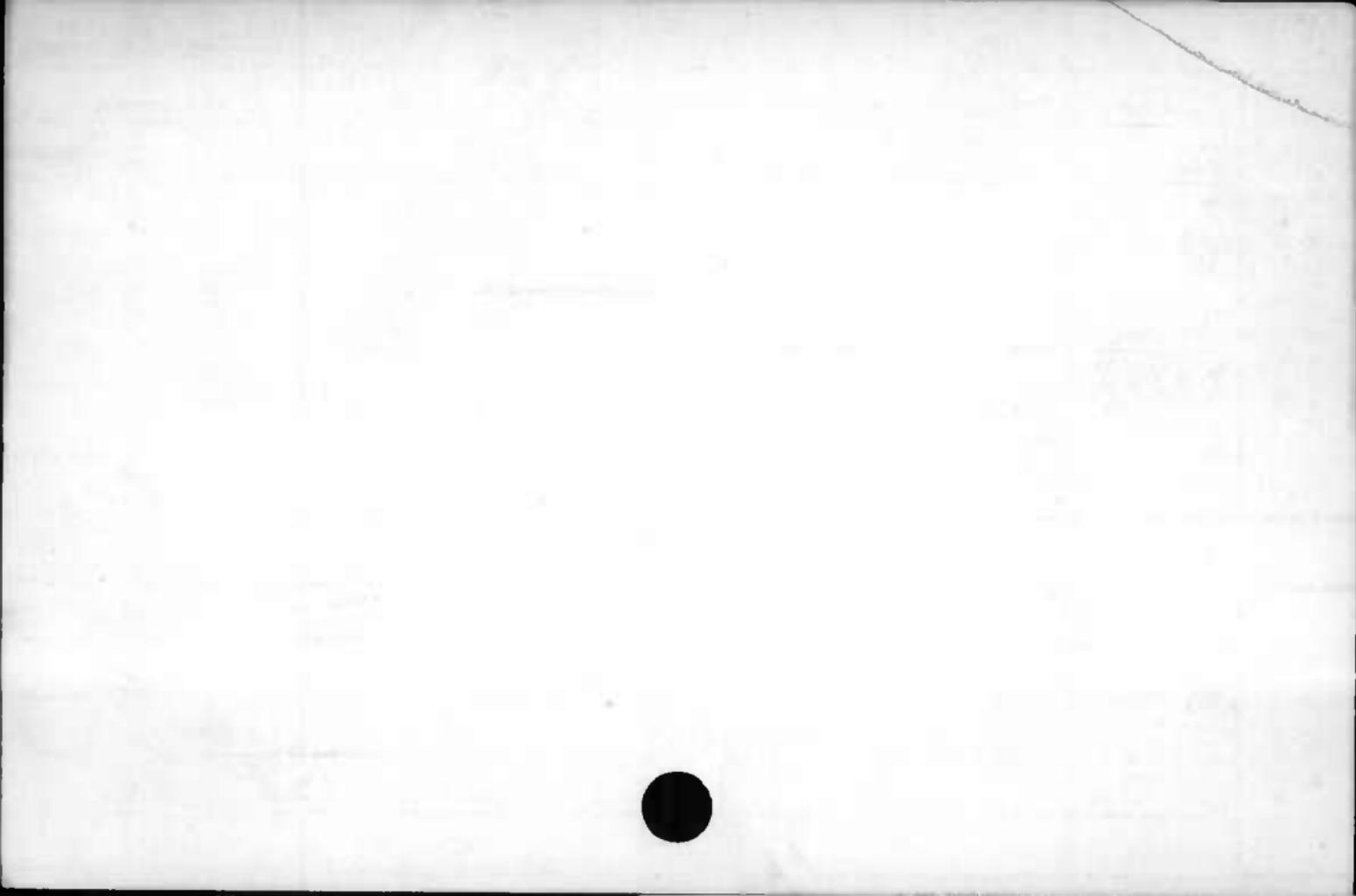
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Doris West  
Brewerst  
Frederick Co.

Accident or Suicide?



Name  
in  
Full

Catherine Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	Mar	25	88	8	27		
Sex	Female		Color or Race	White			
Occupation	Nothing		Where Residing If not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Burton Bennett --			
Father's Name	Henry Young		Father's Birthplace	Tedd's Corner			
Mother's Maiden Name	Mary Heatherman		Mother's Birthplace	Tedd's Corner			
Name of person giving information	Eliza Young		How related to deceased	Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Mania	92	How long
Immediate	Bronch Pneumonia		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. G. Refford

Address

Thurmont, Md.

Accident or Suicide?



Name  
in  
Full

Eliza Arkansas E Biggs.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Frederick	County	MARYLAND		
Date of death	Month 1906	Day March 5	Years Age 68	Months	Days
Sex	Female	Color or Race White	Birth- place Emmitsburg		
Occupation	House Keeper		Where Residing if not at place of death Patrick St.		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Wm Biggs		Father's Birthplace Frederick		
Mother's Maiden Name	Elizabeth Bigg		Mother's Birthplace "		
Name of person giving Information	L. L. Clark		How related to deceased 2		
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			How long Do not know	
Immediate	Broncho - Pneumonia			How long Ten days.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J. B. Johnson		
			Address Frederick Md		
Accident or Suicide?					

PHYSICIAN  
OR CORONER

Mr Oliver Secretary

3/7 1866  
H. H. Harby

Name  
in  
Full

Ruth Victoria Bowers.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	8 <del>+</del>	6	2	4	6
Sex	Female	Color or Race	White	Birth-place	Frederick Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lemuel Bowers		Father's Birthplace	Lewistown	
Mother's Maiden Name	Flora V. Michael		Mother's Birthplace	17	
Name of person giving information	Lemuel Bowers		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(64)

How long

Immediate

Central Congestion & Paralysis

How long

13 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Morris A. Bieley  
Thurmont  
Greer

Accident or Suicide?



Name  
in  
Full

Ezra Brown

CERTIFICATE OF DEATH

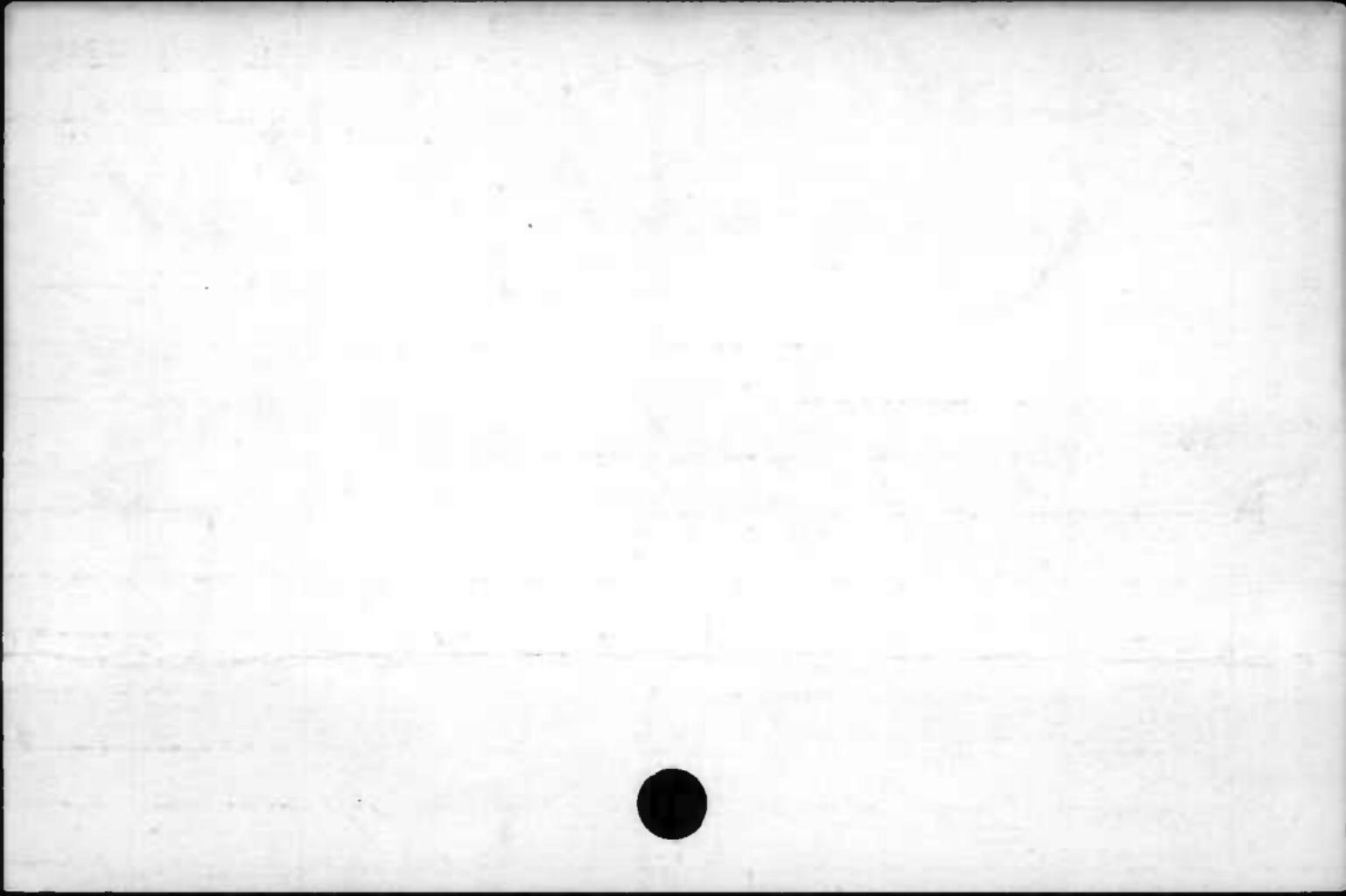
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Larchfield</u>		Town <u>Frederick</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>8</u>	Age <u>74</u>	Years	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Monterey</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>near Larchfield</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Ezra Brown</u>		Father's Birthplace <u>Monterey</u>		
Father's Name <u>Ezra Brown</u>	Mother's Birthplace <u>Monterey</u>				
Mother's Maiden Name <u>Mary Jones</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Ezra Brown</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Uremia</u>		<u>120</u>	How long <u>8 Days</u>
Immediate	<u>Debility + old age</u>		<u>120</u>	How long <u>18 Hours</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>Jude Farber</u>	Address <u>Glenshaw Md</u>
Accident or Suicide?				



Name  
in  
Full

Charles R. Byers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Emmitsburg</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>30</u>	Years <u>6</u>	Months <u>3</u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Jacob St. Byers</u>				
Mother's Maiden Name	<u>Emma J. Bollinger</u>				
Name of person giving information	<u>J. St. Byers</u>				

CAUSES OF DEATH

(9)

PHYSICIAN  
OR CORONER

Primary

Laryngeal Diphtheria

How long  
Four days

Immediate

Paralysis of Respiration

How long  
hour

Are the name, age, sex, color, date and place correctly given above?

yes

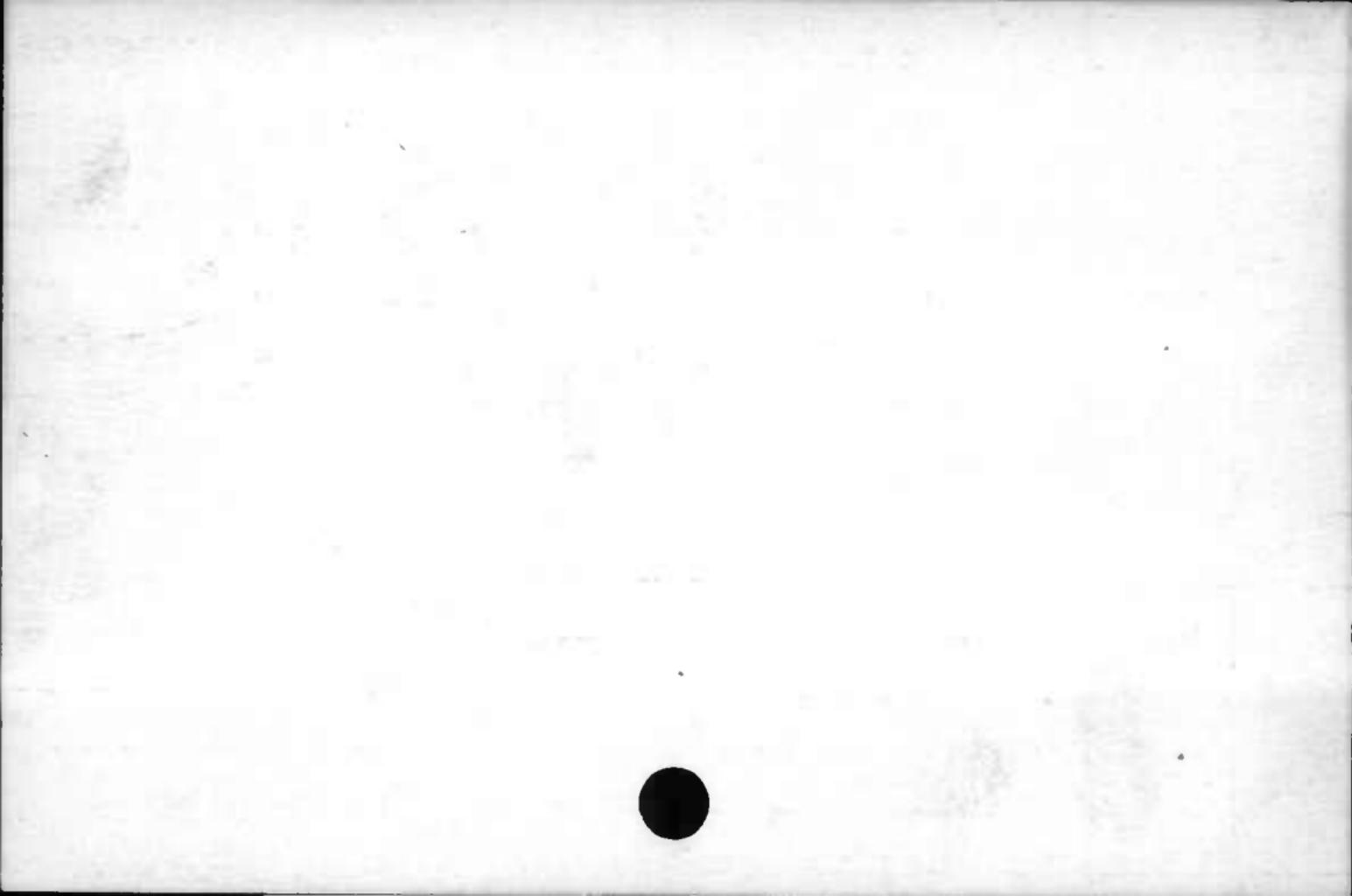
Signature of Physician

Address

H. E. Stone

Emmitsburg, Md

Accident or Suicide?



Name  
in  
Full

Walter Alexandria Carr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Mountville

Town

County

MARYLAND

Date of death 1906

Month

Day

Years

Mar

2<sup>nd</sup>

14

Months

Days

Age

Sex

male

Color or Race

colored.

Birthplace

Maryland.

Married, Single or Widowed

Single

Occupation

laborer.

Name of Wife or Husband

Father's Name

Moses Carr.

Father's Birthplace

Mother's Maiden Name

Beckey Herbert

Mother's Birthplace

Name of person giving information

George Nicholas

How related to deceased

Uncle

CAUSES OF DEATH

92

Primary

Pneumonia

How long

14 da.

Immediate

crampus corditis

How long

4 da.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

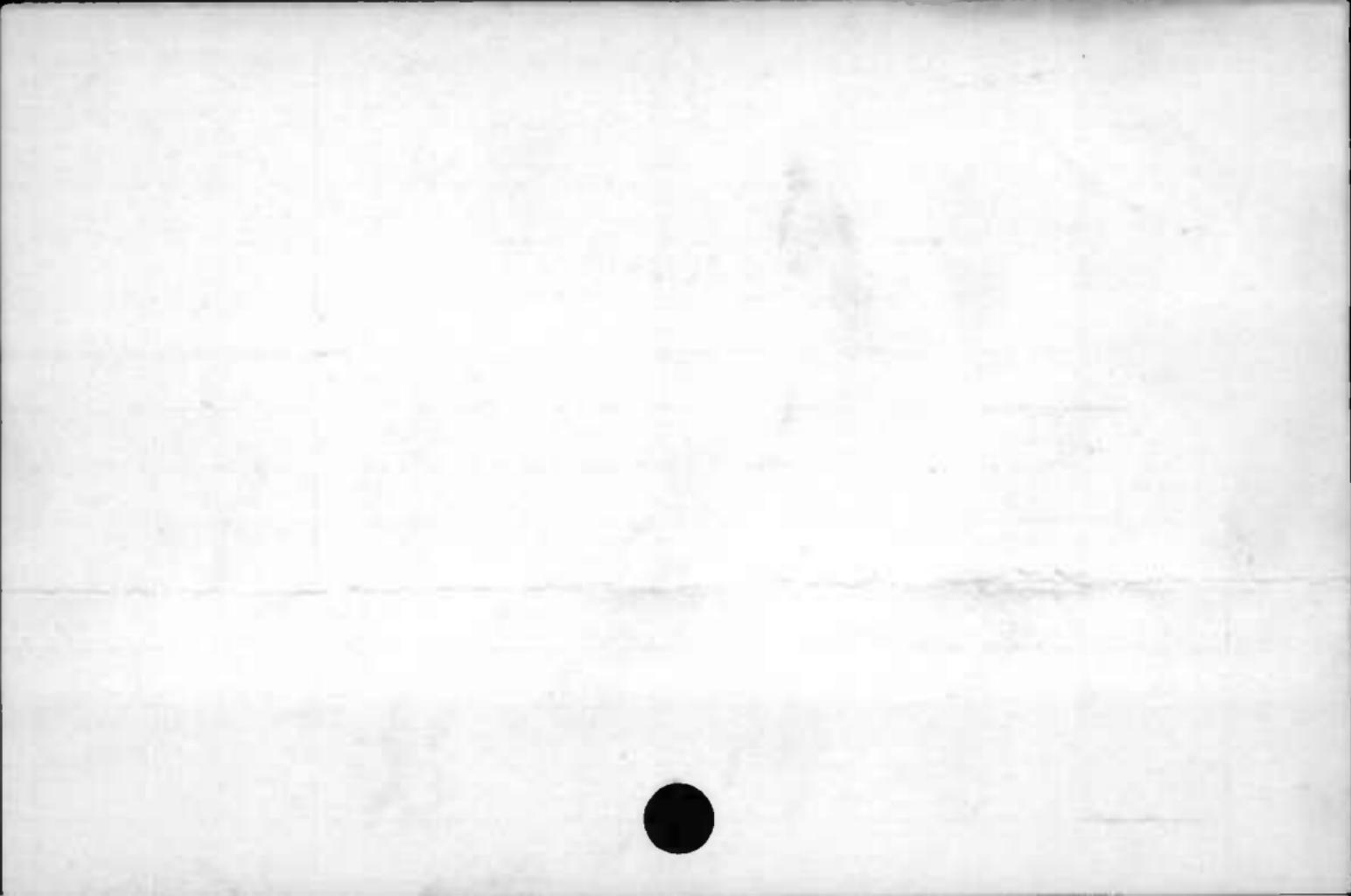
Signature of Physician

Address

Jos G. Thomas,

Adamstown,  
Maryland.

Accident or Suicide?



Name  
in  
Full

Margaret Ann Cecil No. 12,

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near New Market</u>		Town	County <u>Federica</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Mch</u>	Day <u>27</u>	Age <u>78</u>	Years	Months <u>1</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>			
Occupation <u> </u>	Where Residing If not at place of death <u> </u>					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Samuel Cecil</u>		Father's Birthplace <u>Maryland</u>			
Father's Name <u>William Cecil</u>	Mother's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Lydia Fraster</u>	How related to deceased <u>Son</u>					
Name of person giving information <u>Thomas J. Cecil</u>	Date <u>164</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Fracture of neck of femur</u>		How long <u>3 weeks</u>
Immediate	<u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H H Hopkins Jr</u>	
		Address <u>New Market</u>	
Accident or Suicide? <u>accident</u>		Hud. Co. <u>Maryland</u>	



Weeden Clary

Town

County

Died at Woodville Frederick Md.

MARYLAND

Month Day Y. M. D. Native of

Date 1906 March 4 Age 76 8 6 Ma Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2.

Husband

of Sarah E Clary

Wife

Daniel Clary

Mother's

Father's

Name

Name

Cause of

Primary

Ashtray

Mary A Weeden

How long sick

Death

Immediate

Exhaustion

11 days

Accident, Suicide, Homicide

Reported by

D. M. Dwelliss Md

Address

Woodville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lorraine Catharine Clemmons

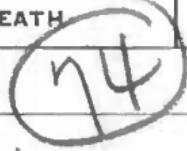
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Walkerville</u>		Town	County	MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>23</u>	Age <u>—</u>	Months <u>2</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Co</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
<u>Child</u>		<u>Walter Clemmons</u>		Father's Birthplace	<u>Co</u>
Mother's Maiden Name	<u>Frances Buckey</u>		Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>D. A. Straneth</u>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate <u>nerves exhaustion</u>		How long

Are the name, age, sex, color, date and place correctly given above?

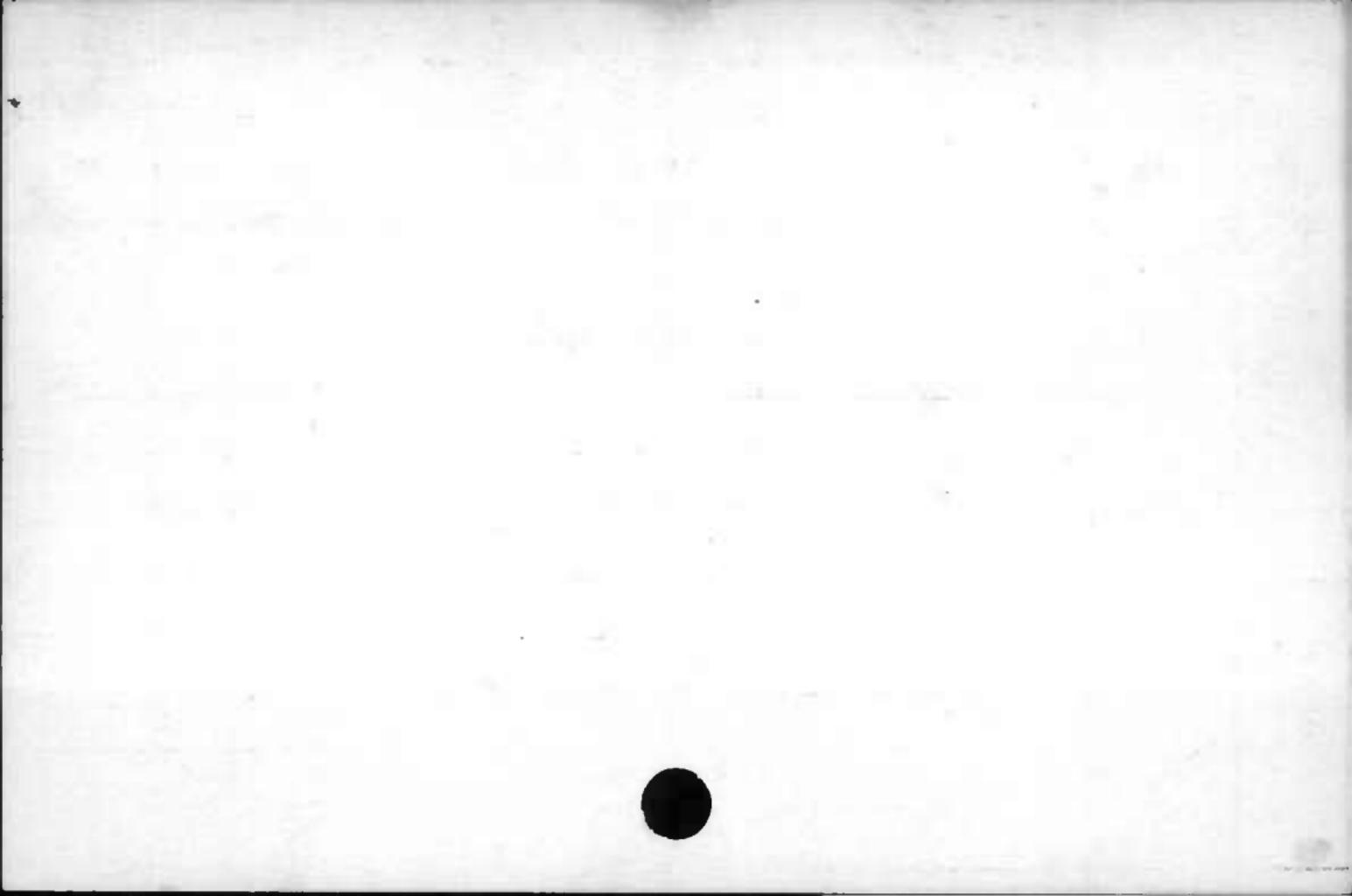
Yes

Signature of Physician

J. A. Celine

Address

Accident or Suicide?



Dortha Clinis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredrich</u>		Town <u>Fredrich</u>		County <u>Fredrich</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>29</u>	Age <u>30</u>	Years <u>30</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>Chambersburg, Pa</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>Mrs Clinis</u>	Father's Name <u>—</u>		Father's Birthplace <u>Chambersburg, Pa</u>			
Mother's Maiden Name <u>—</u>	Mother's Name <u>—</u>		Mother's Birthplace <u>—</u>				
Name of person giving information <u>Miss Alice Harris</u>	How related to deceased <u>None</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

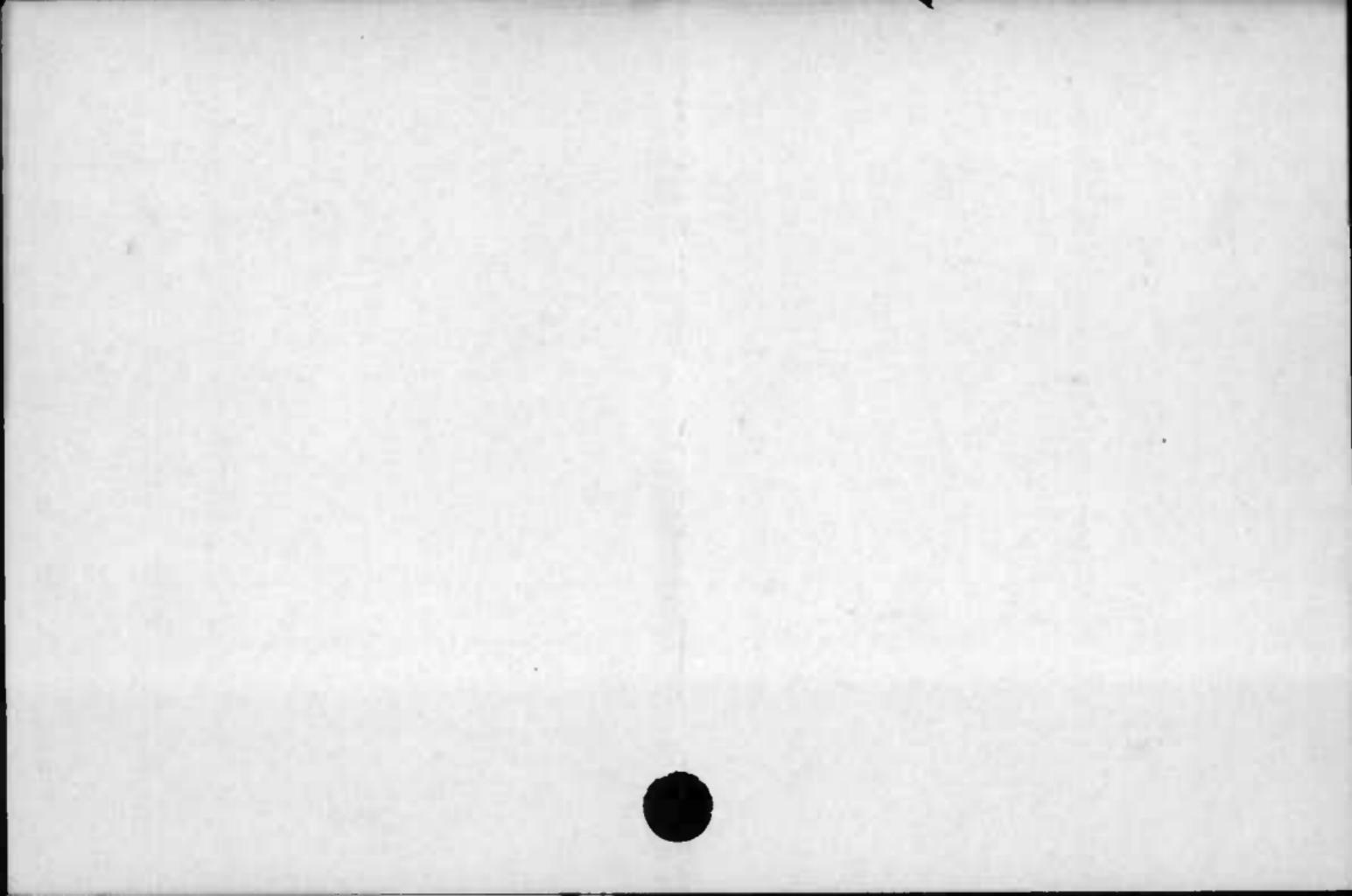
Primary Cerebral Hemorrhage 64 How long

Immediate Compression Brain How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Mabeline Buchanan SmithAddress Fredrich, Md.

Accident or Suicide?



Name  
in  
Full

Cohlentz, Ovra Paul

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

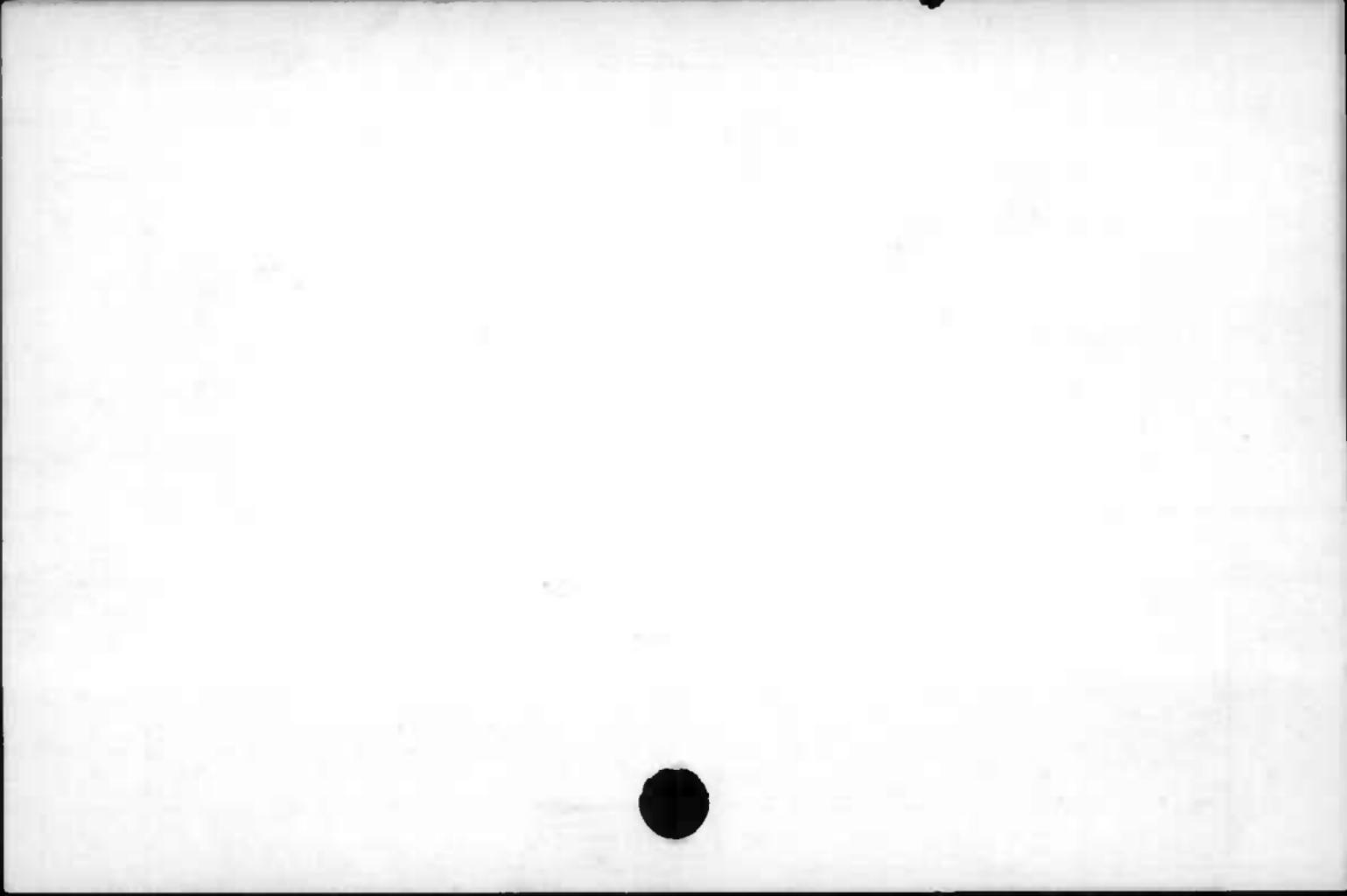
## NEAREST FRIEND

Died at <u>Frederick Md</u>		Town	<u>Frederick</u>		County	<u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>28</u>	Age <u>1</u>	Years <u>1</u>	Months <u>—</u>	Days <u>9-</u>	
Sex <u>Male</u>	Color or Race <u>Caucasian</u>			Birth-place <u>Frederick Md</u>			
Occupation <u> </u>			Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>				
Father's Name <u>Oscar Coblenz</u>					Father's Birthplace <u>Frederick</u>		
Mother's Maiden Name <u>Lola. Gane</u>					Mother's Birthplace <u>Frederick Co.</u>		
Name of person giving information <u>Father</u>					How related to deceased <u> </u>		

## CAUSES OF DEATH

## PHYSICIAN COOPER

Primary	Acute Inanition	(151)	How long	6 weeks
Immediate	Asthma		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. P. Fahrney and Frederick May	
Address				



Robert Colbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died <u>in</u> <u>Creagerstown</u> <u>Dist</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death	1906	Month Mar	Day 12	Years 59	Months one	Days Five
Sex	Male	Color or Race	White	Birth-place	Virginia	
Occupation	Laborer		Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Elizabeth De Berry			
Father's Name	Don't know		Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know		
Name of person giving Information	Mary E. Colbert		How related to deceased	Wife		

## CAUSES OF DEATH

Primary

119

How long

Immediate

Heart failure

How long

15 minutes

Are the name, age, sex, color, date and place correctly given above?

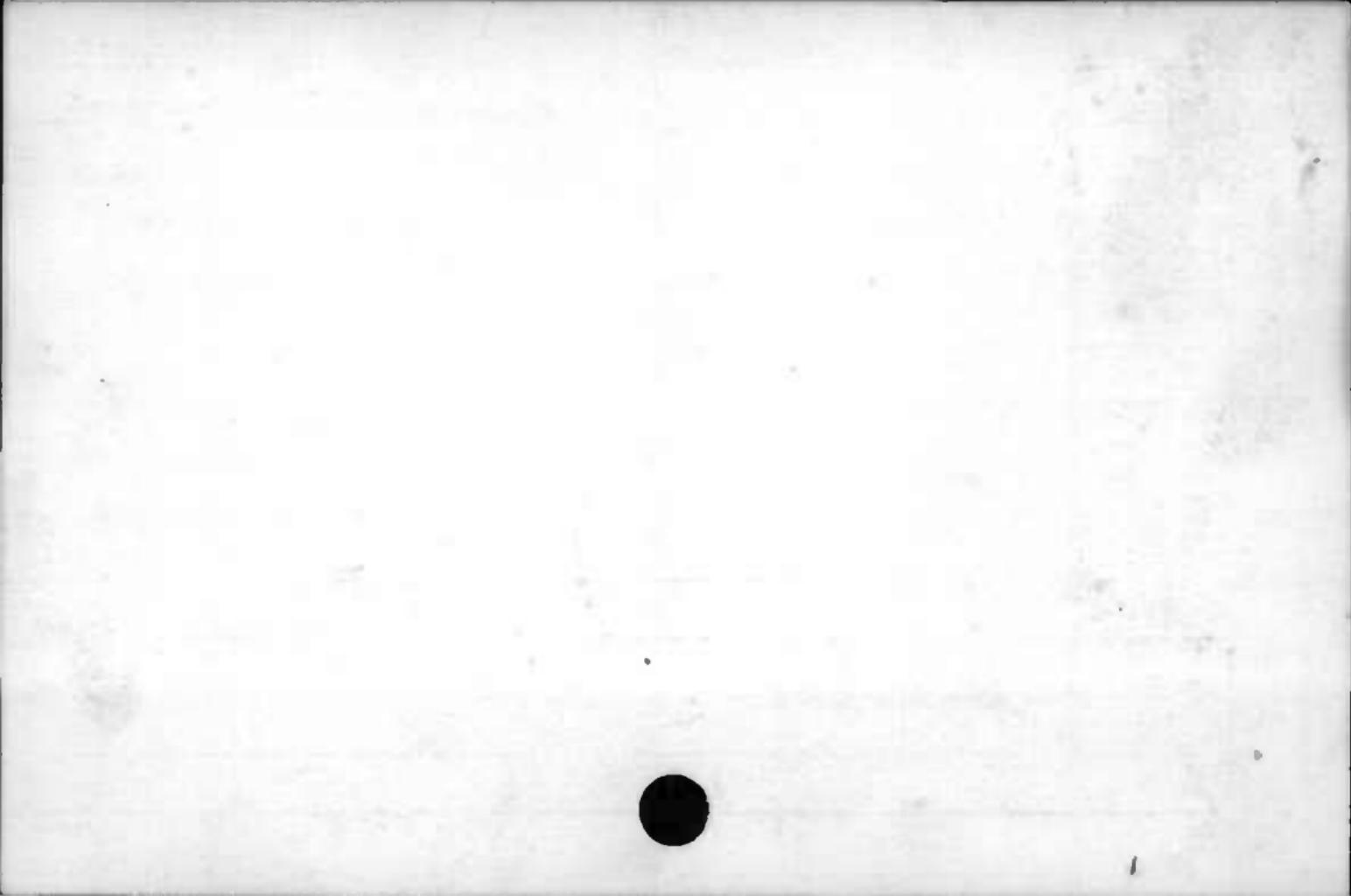
Signature of Physician

J. D. S. Young

Address

Creagerstown, Md.

Accident or Suicide?



Name  
in  
Full

Thomas E. Costello

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Liberty Town		Frederick			
Date of death	Month	Day	Years	Age	Months	Days
1906	mar	1st	63	63	9	23
Sex	male	Color or Race	White	Birth-place	Ireland	
Occupation	Coach man			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edward Costello			Father's Birthplace	Ireland	
Mother's Maiden Name	Julia Deady			Mother's Birthplace	Ireland	
Name of person giving information	Catherine Rordan			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Phthisis  
& Lazation

21

How long

7 or 8 years

Immediate

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Otis B. Stone

Address

Liberty Town  
Md.

Accident or Suicide?



Name  
in  
Full

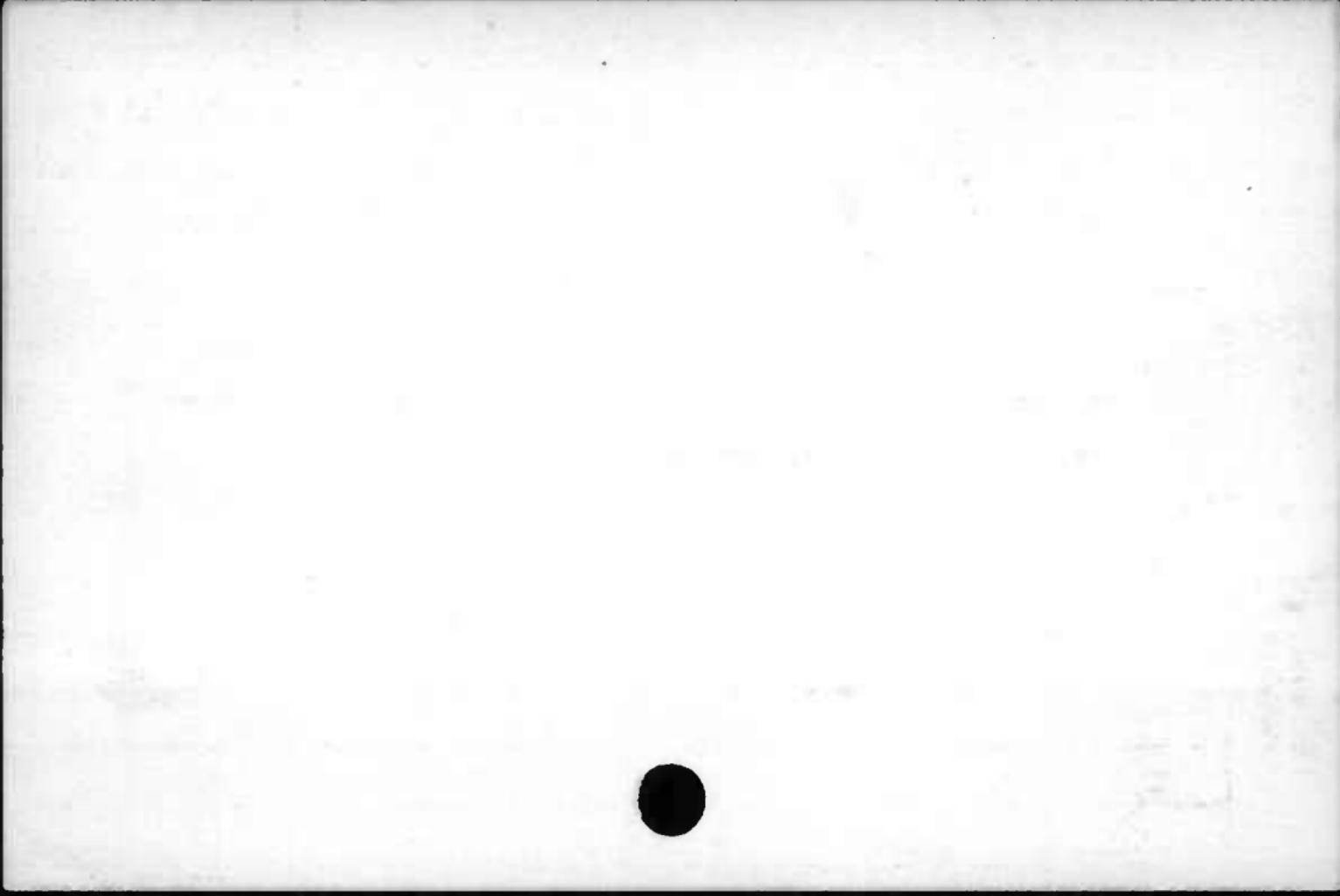
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<h1>John Henry Cetin</h1>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	March	17th	80	8			
Sex	Male	Color or Race	White	Birth-place	Smithberg		
Occupation	Farmer		Where Residing if not at place of death	2			
Married, Single or Widowed	Widower	Name of Wife or Husband					
Father's Name	Andrew Cetin		Father's Birthplace	Smithberg			
Mother's Maiden Name	Anne Green		Mother's Birthplace				
Name of person giving information	Mrs M. Bennett		How related to deceased	daughter			

### CAUSES OF DEATH

Primary	Cancer of Stomach	Plaque of Lung	How long	Two years
Immediate	Paralysis of Brain		How long	one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John B. Branard	MD
		Address	Smithberg	
Accident or Suicide?				



Name

in  
Full

Benjamin F. Danner

3/10/1916

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Frederick TownCounty Fredkr.

MARYLAND

Date Month Day Years Months Days  
of death 1906 3 22 — 1 10Sex MaleColor or  
Race

Black

Birth-  
place

City

Occupation —Where Residing if not  
at place of death

Same

Married, Single  
or Widowed SingleName of Wife or  
Husband —Father's Name Wm. Danner

Father's Birthplace

City

Mother's Maiden Name Florence Johnson

Mother's Birthplace

Name of person giving  
Information Isabella OnlyHow related  
to deceased

G. Mother

## CAUSES OF DEATH

Primary

Cold etc

(93)

How long

Immediate

Pneumonia

How long

10 DaysAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

None in attendanceThomas P. RiceFuneral DirectorPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Knoxville		Frederick			
Date of death	1906	Month	Day	Age	Years	Months
	Mar		4		74	
Sex	Male	Color or Race	White		Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		Virginia Cleveland Danner	
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	John Danner				Father's Birthplace	Md
Mother's Maiden Name	Julia Ann Arnold				Mother's Birthplace	Md
Name of person giving Information	Virginia C. Danner				How related to deceased	Wife

CAUSES OF DEATH

Primary	chronic Bright's	(20)	How long	6 mos
Immediate	Heart failure & Convulsions		How long	1 minute
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lewin Fink	
		Address	Frederick, Md Frederick Co	
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Name  
in  
Full

Richard Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Mar 31 1906		Fred co				
Date of death	1906	Month Mar	Day 31	Years 77	Months 7	Days —
Sex	Male	Color or Race	white	Birth- place	unknown	
Occupation	Retired	Where Residing if not at place of death			Frederick	
Married, Separated Widowed	Name of Person giving Information		Richard Davis			
Father's Name	George Davis		Father's Birthplace	unknown		
Mother's Maiden Name	Hyatt		Mother's Birthplace	Mont Co		
Name of person giving Information	James Davis		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Alcoo - Sclerosis

(14)

How long

Gradual.

Immediate

Neuropathy

How long

3m days

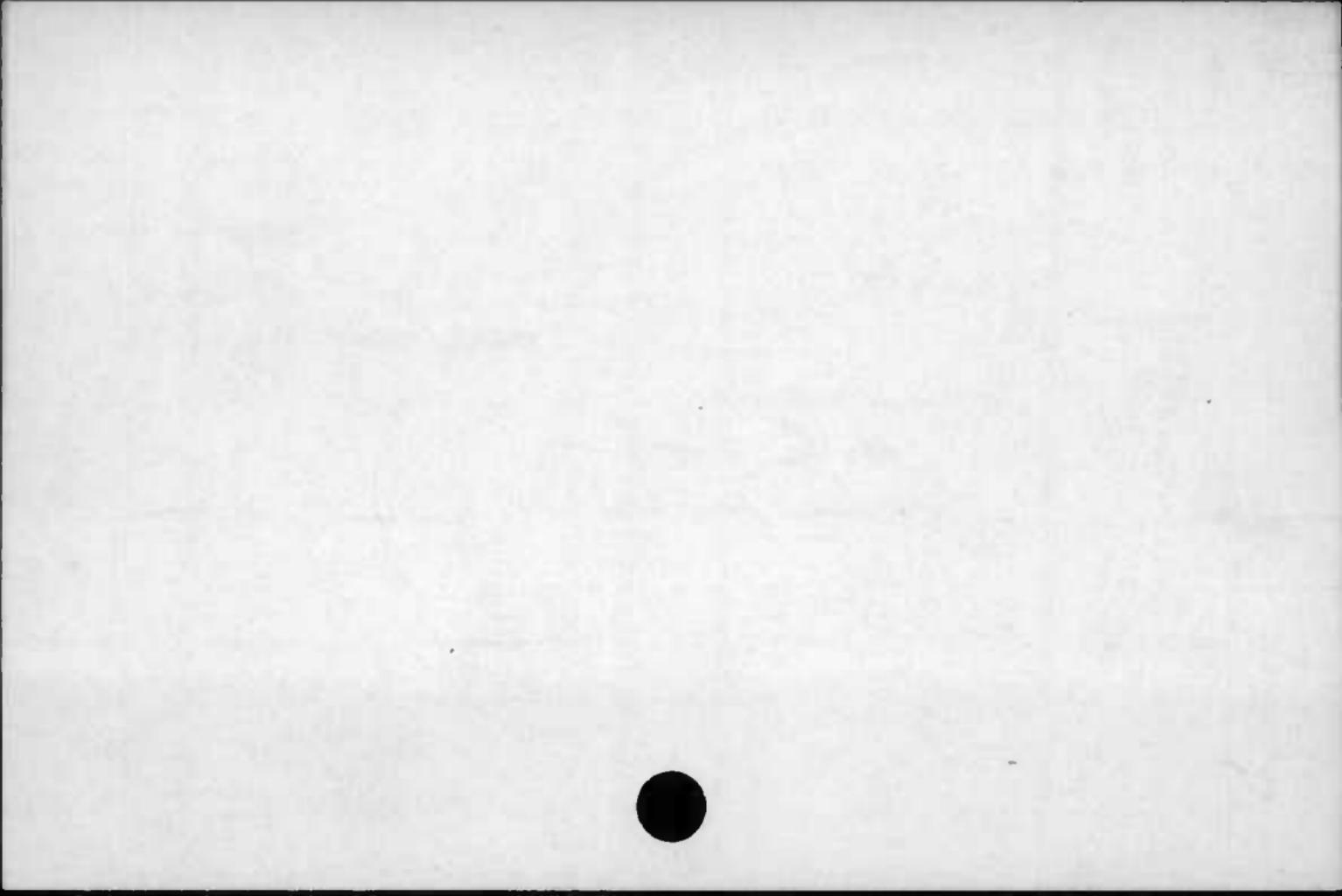
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. R. Johnson M.D.  
Daniel Ad.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Female.		Color or Race	Age 78		Birth-place	
Occupation	Retired		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Wm. H. Leiberry			
Father's Name	John. Houch		Father's Birthplace			Beth. Co	
Mother's Maiden Name	Elizabeth Hofford		Mother's Birthplace			" "	
Name of person giving information	John. Leiberry		How related to deceased			Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lewis Leiberry.

How long

Immediate

How long

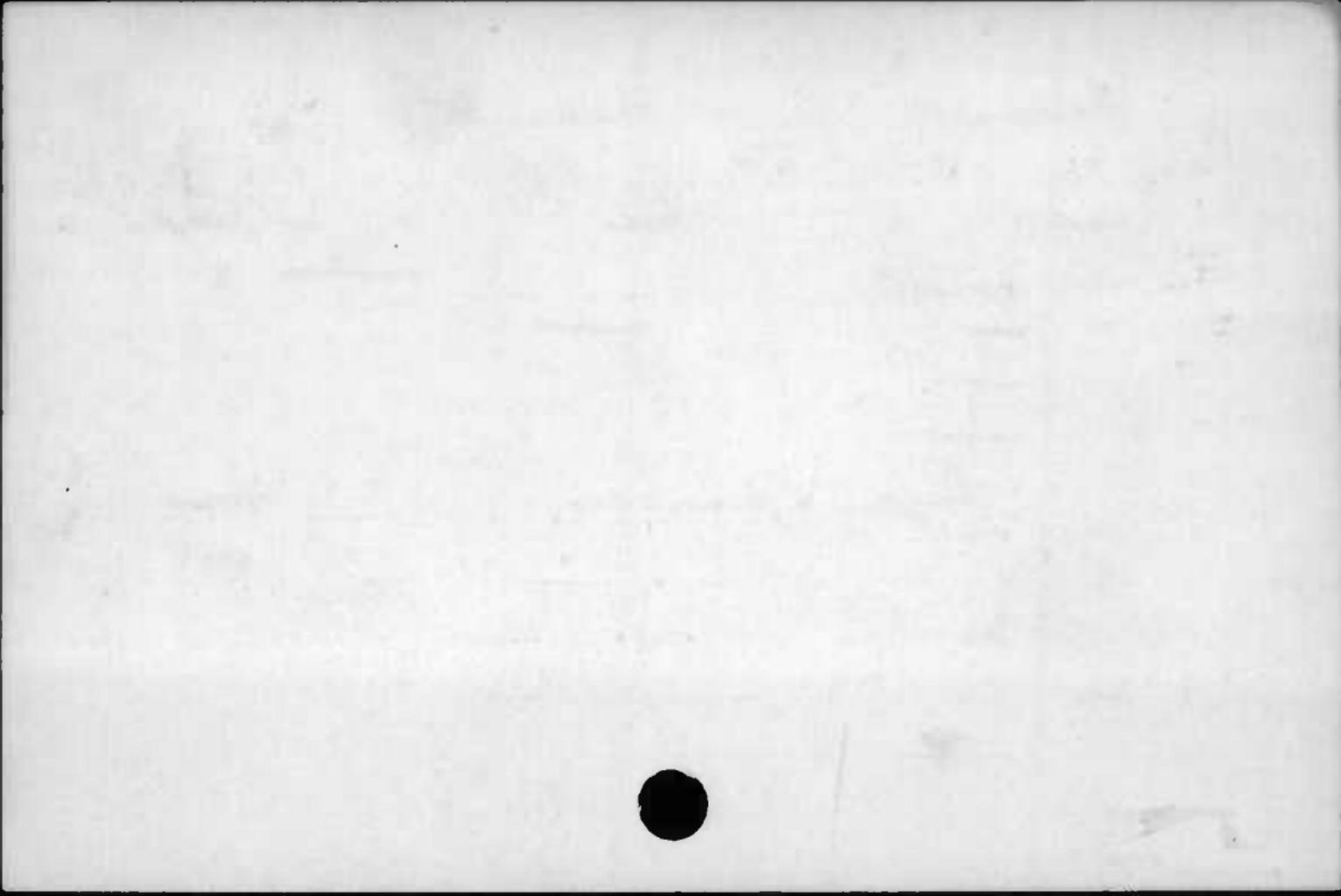
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. L. Leiberry, F. D.  
Thurmont  
Md

Accident or Suicide?



Washington R. Horsley

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	3	29	84
Sex	Male	Color or Race	White
Occupation	Locksmith	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	—	Father's Birthplace	
Mother's Maiden Name	—	Mother's Birthplace	
Name of person giving information	Eugene Sponneller	How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility.

154

How long

1 year.

How long

4 months.

Immediate General Debility.

Signature of Physician

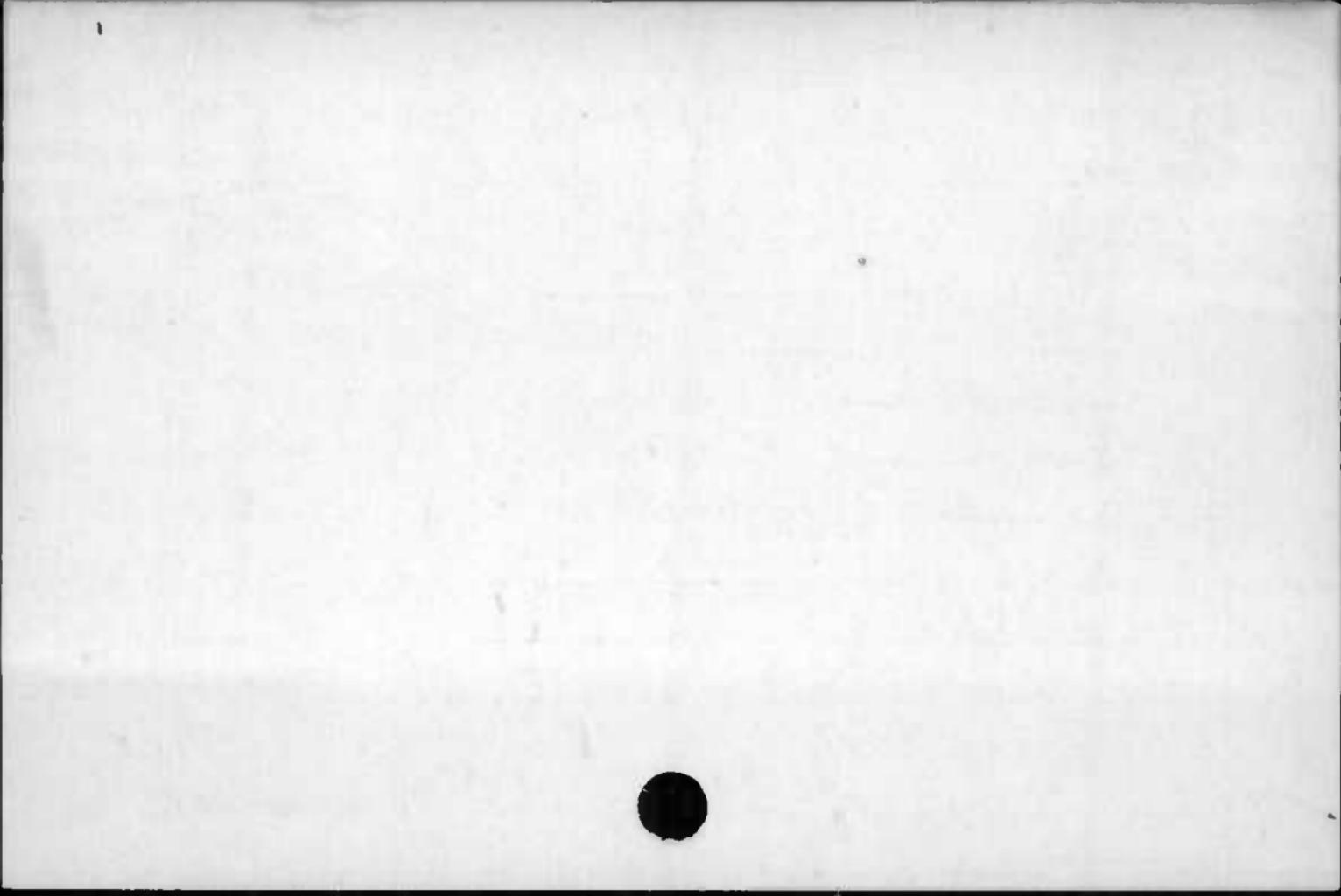
H. J. Gendamer.

Address

303 S Market St.

Oreland Md.

Accident or Suicide?



Name  
in  
Full

Cona Vosey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 3	Day 30	Years 42	Months 5	Days 17	
Sex	Female	Color or Race	Black	Birth-place	City		
Occupation	Servant	Where Residing if not at place of death			Same		
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Vosey				
Father's Name	Unknown	Father's Birthplace					
Mother's Maiden Name	Nancy Gant	Mother's Birthplace			Maryland		
Name of person giving information	Nelson Carroll	How related to deceased			None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Alcoholism

56

How long

Weeks

Immediate

Heart Failure

How long

Immediate

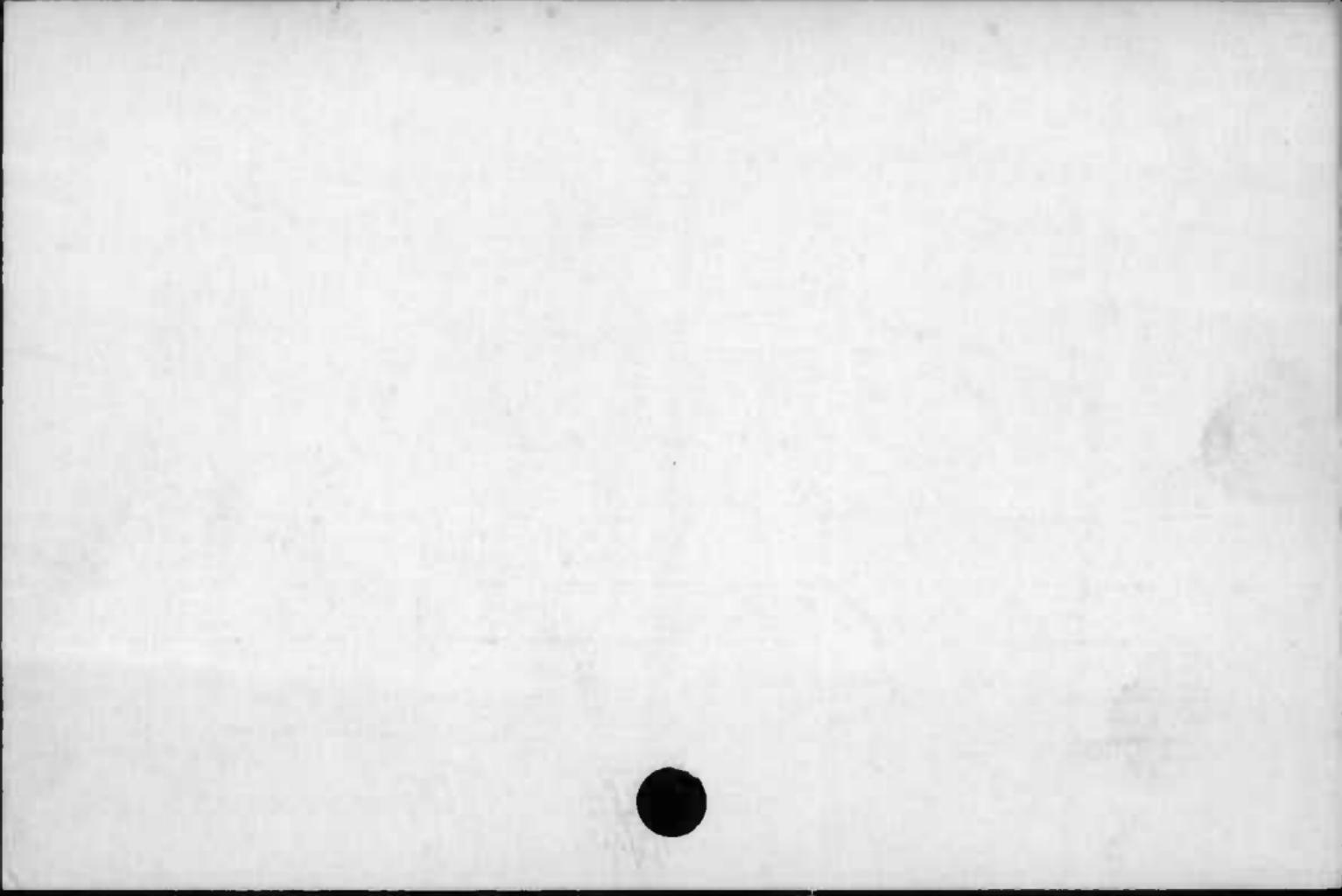
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Elizabeth L. Fogler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	Wife	Birth-place	Maryland
Occupation	14. W.		Where Residing if not at place of death	Frederick	
Married, Single or Widowed	Married	Name of Wife or Husband	George Fogler	Father's Birthplace	Frederick Co.
Father's Name	John J. Funk			Mother's Birthplace	"
Mother's Maiden Name	Ann Louise Fry			How related to deceased	father
Name of person giving information	John J. Funk				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

(27)

How long

6 mos

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. F. Goodwin

Frederick, Md

Accident or Suicide?

No

Intermittent  
Lewisburg

3/26/06

R.C. Party

Name  
in  
Full

Elizabeth Ann Forreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		March	17	43	11	6
Sex	Female		Color or Race	White		
Occupation	Housewife		Where Residing if not at place of death		Near Unionville	
Married, Single or Widowed	Single		Name of Wife or Husband		—	
Father's Name	Jacob Forreman		Father's Birthplace		Maryland	
Mother's Maiden Name	Martha Houston		Mother's Birthplace		Maryland	
Name of person giving Information	Annie Black		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis Pulmonalis

How long

about one year

Immediate

Heart failure

How long

a very short time

Are the name, age, sex, color, date  
and place correctly given above?

yes

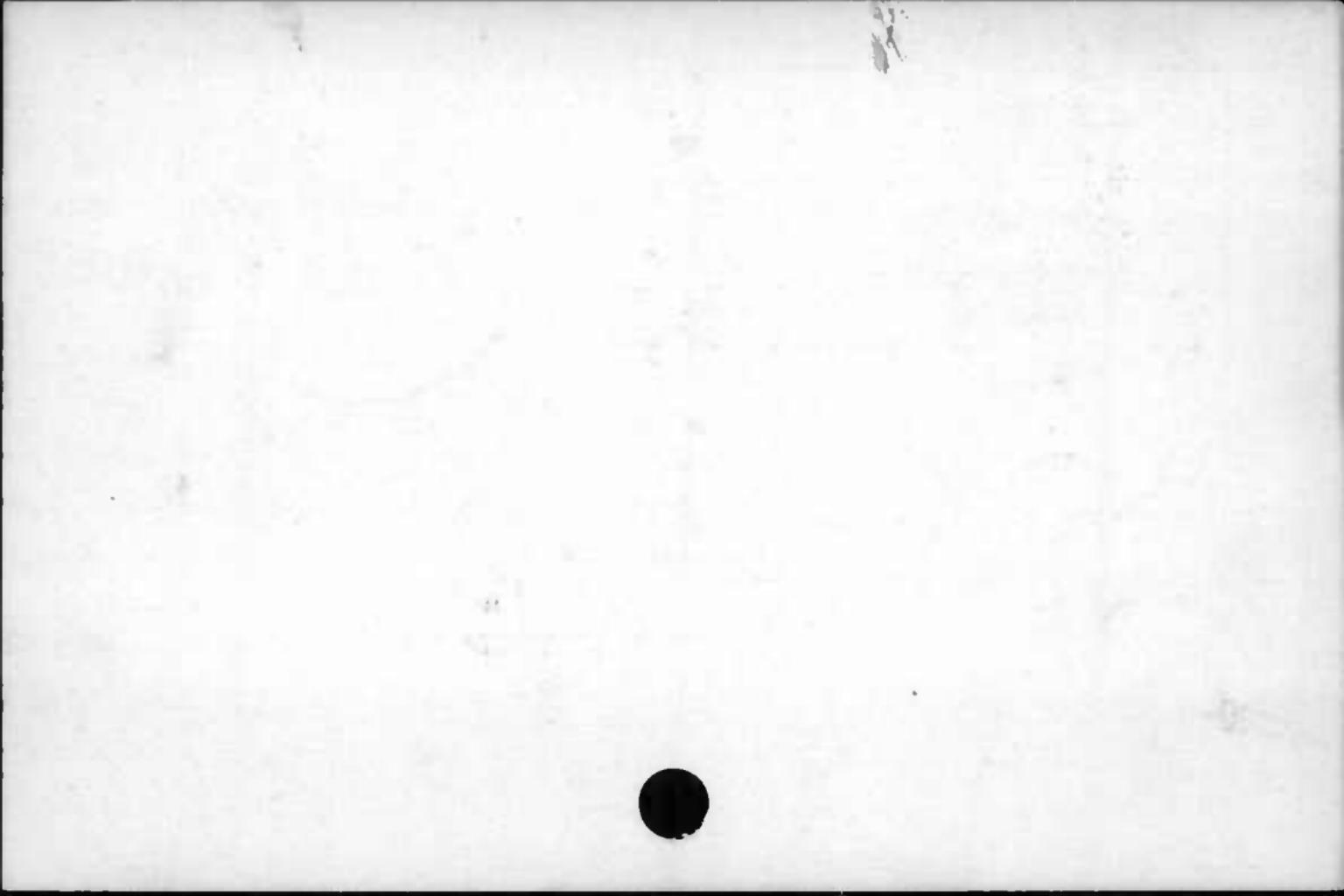
Signature of  
Physician

Thos. P. Sappington

Unionville

Maryland,

Accident or Suicide?



Name  
in  
Full

Mahlon Augustus Fraley

## CERTIFICATE OF DEATH

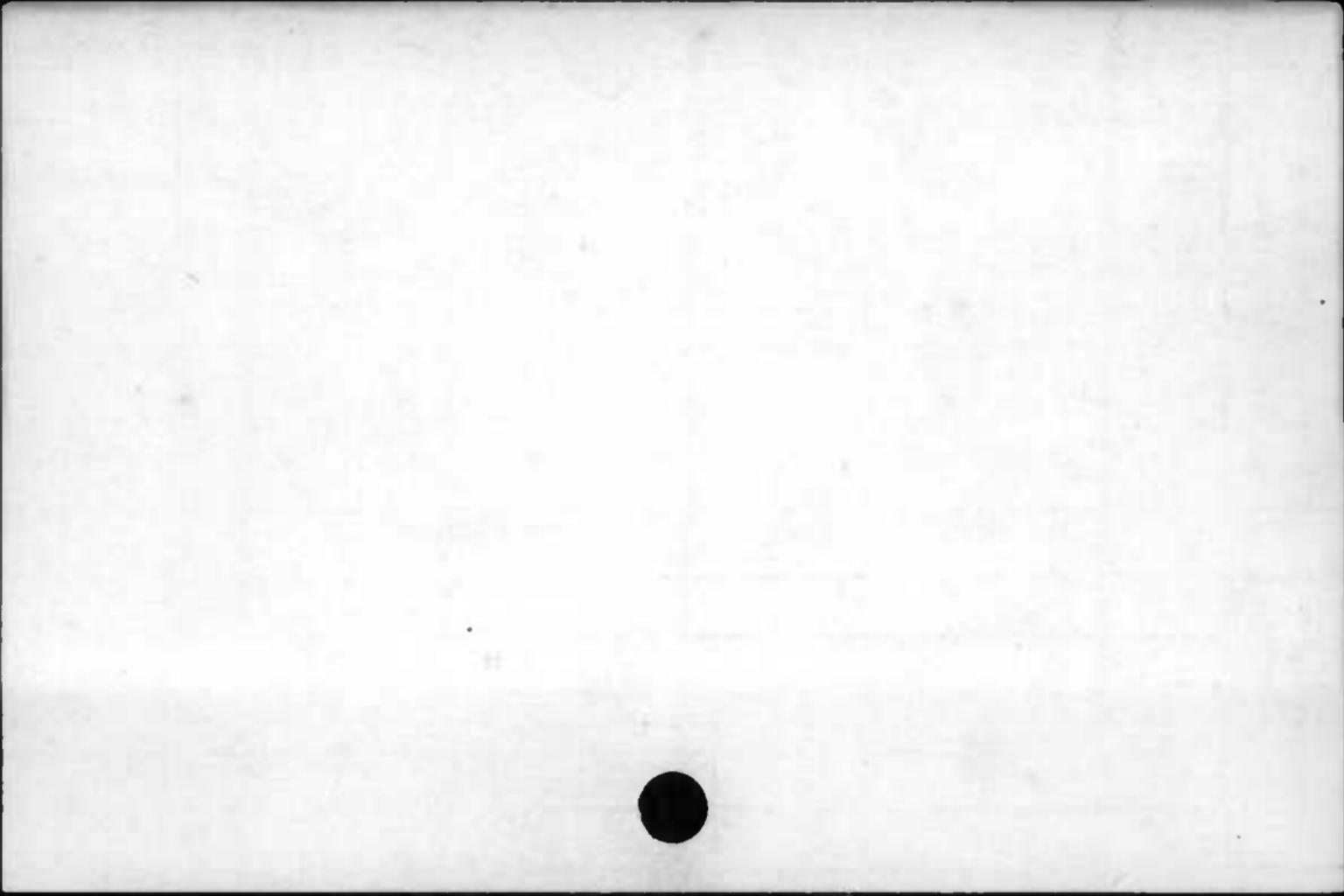
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		State	
Frederick	Frederick		Frederick		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	March	7th	69		5	-
Sex	Male	Color or Race	white			
Occupation	Veterinarian			Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband			At place of death	
Father's Name	Henry Fraley			Father's Birthplace		
Mother's Maiden Name	Elizabeth Fagan			Mother's Birthplace		
Name of person giving information	Charles Fagan			How related to deceased		
				Son in Law		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis		61	How long	10 months
Immediate	Pulmonary Oedema		61	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Lafman M.D.	
			Address	138 Church St	
Accident or Suicide?		Neither	Frederick Md		



Name  
in  
Full

Guy Gaspries Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town Frederick	County Frederick	MARYLAND		
Date of death	Month March 1906	Day 10	Age 1	Months 2	Days
Sex	male	Color or Race Colored	Birth- place Frederick Md		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Guy Gaspries				
Mother's Maiden Name	Addie Henderson				
Name of person giving Information	Addie Henderson Gaspries				

CAUSES OF DEATH

Primary

Laryngismus stridulus

St

How long

2 or 3 months

Immediate

Suffocation

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

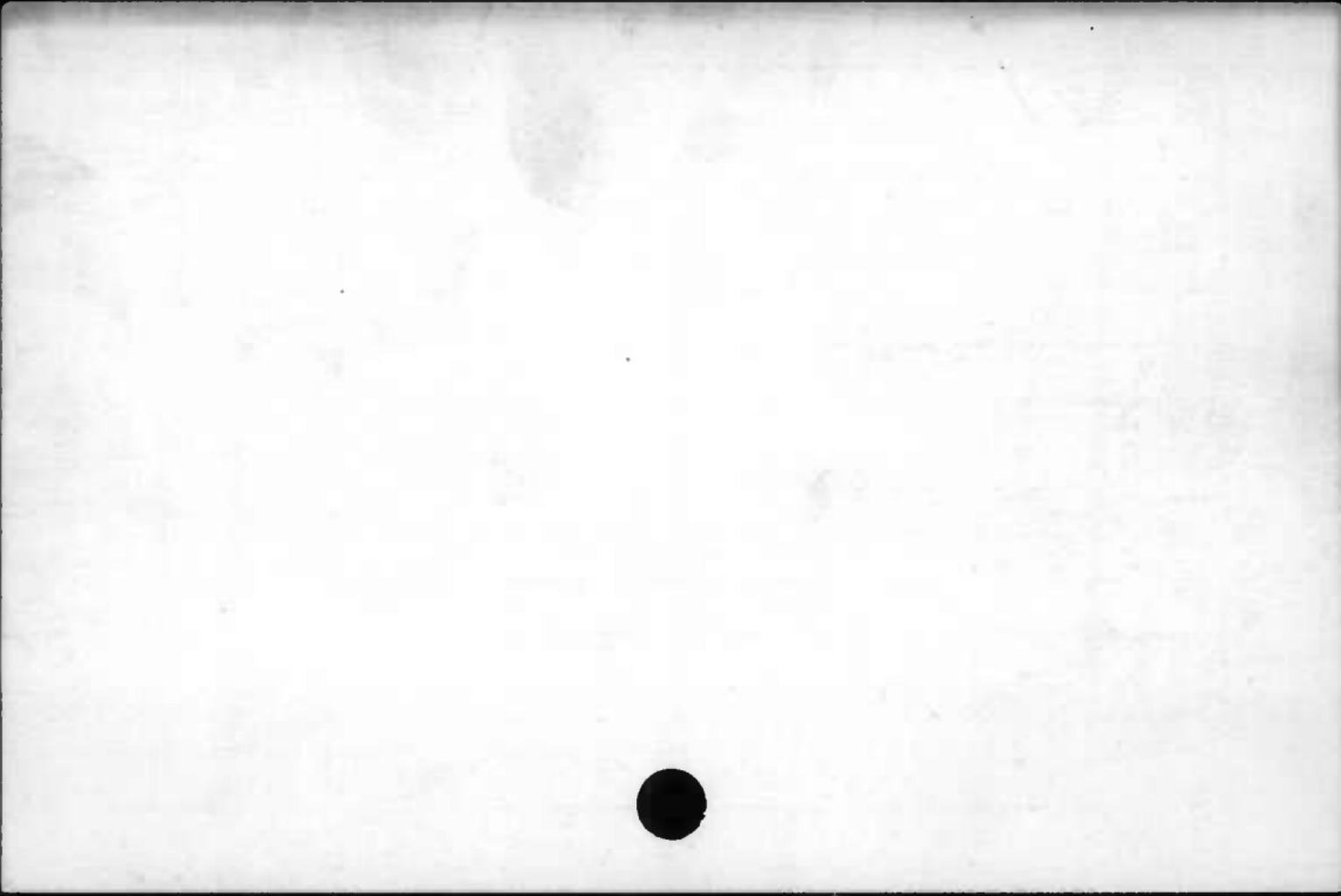
Address

S. C. J. Boccone,

Frederick,

Md

Accident or Suicide?



Name  
in  
Full

Franklin B. Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Knoxville	County Frederick	MARYLAND		
Date of death	Month 1906 Mar	Day 12	Age 1	Months 5	Days 2nd
Sex	Male	Color or Race	Black	Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Giles				
Mother's Maiden Name	Mellie Spangler				
Name of person giving Information	Henry Giles				
Father's Birthplace	2nd				
Mother's Birthplace	5th				
How related to deceased	Father				

CAUSES OF DEATH

Primary	Measles	(6)	How long	2 weeks
Immediate	Pneumonia		How long	1 week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Leon West

Address

Baltimore Frederick

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1904	3	3	45	—	—	
Sex	Male	Color or Race	White	Birth- place	F. Leo Med	
Occupation	Laborer		Where Residing if not at place of death	Mountaintop		
Married, Single or Widowed	Married	Name of Wife	Mary Brown	F. Leo Med		
Father's Name	Dan'l Gragg		Father's Birthplace	Med		
Mother's Maiden Name	Elizabeth King		Mother's Birthplace	"		
Name of person giving Information	Geo. Rice		How related to deceased	Not at all		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gun shot wound of right hip

How long

4 1/2 Mos

Immediate

Remain

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

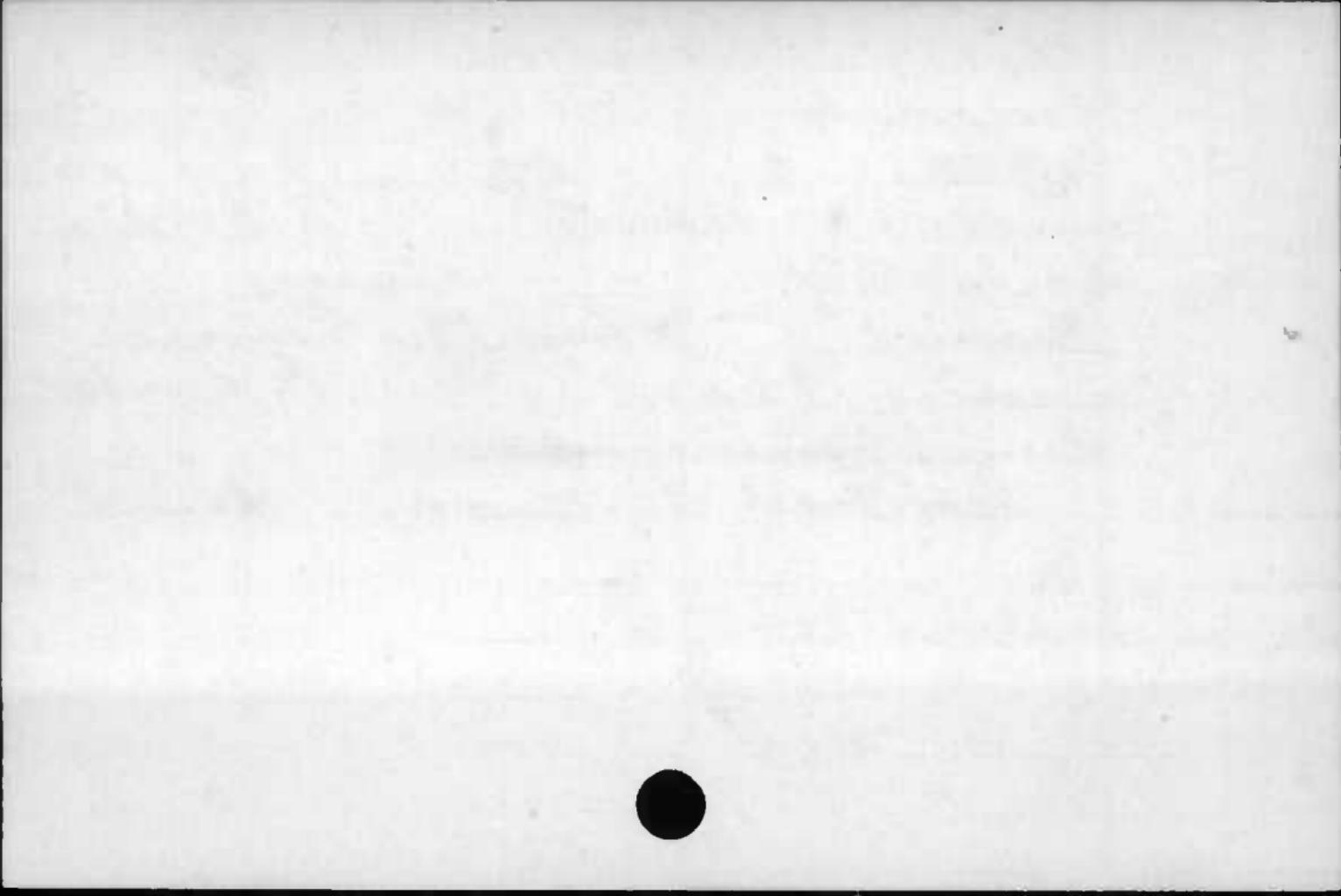
Signature of  
Physician

J. S. Maynard

Address

17 Second St.  
Promontory

Accident or ~~suicide~~



Name  
in  
Full

Celia Irene Griffith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Liberty Town	Town	County	Frederick		
Date of death	1906	Month	Mar	Day	30	Age
Sex	Female	Color or Race	Colored	Years	Months	Days
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry Griffith		Father's Birthplace	Frederick Co.		
Mother's Maiden Name	Irene Ridgely		Mother's Birthplace	Frederick Co.		
Name of person giving information	Harry Griffith		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronch - Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

g20

Otis B. Stone  
Liberty Town  
Md.

Accident or Suicide?



Name  
in  
Full

Mattie V. Goines

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 3	Day 3	Years 19	Months 9	Days 15
Sex	Female	Color or Race	White	Birth-place	F. Co. Md	
Occupation	House Wife			Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Woman Husband	John B. Goines	Father's Birthplace	F. Co. Md	
Father's Name	Daniel Pearl			Mother's Birthplace		
Mother's Maiden Name	Annie Zimmerman			How related to deceased	" " "	
Name of person giving Information	Maud Fred Putman				Aunt.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

Unknown

Immediate

Puerperal Eclampsia

How long

6 hrs.

Are the name, age, sex, color, date and place correctly given above?

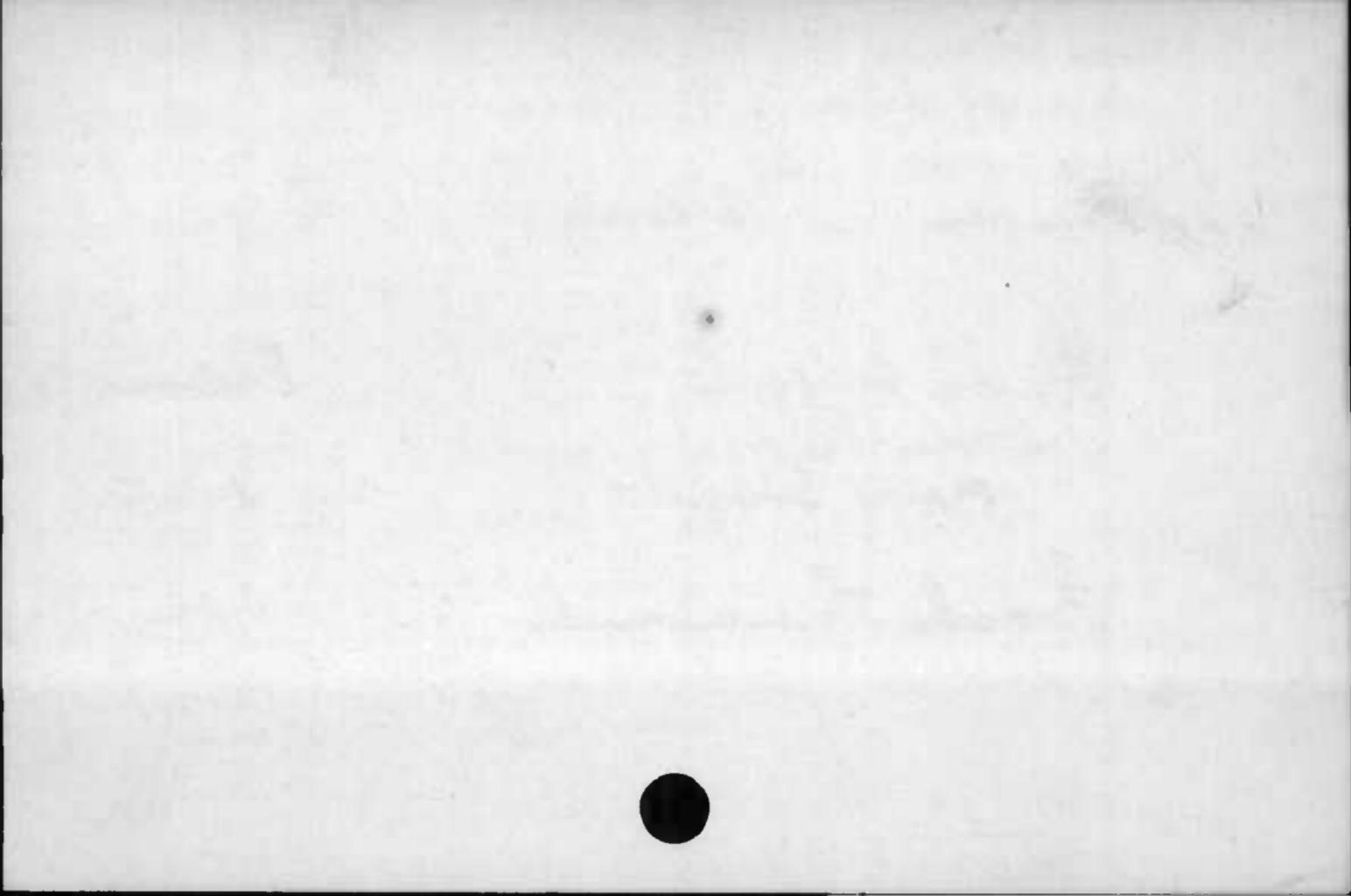
yes

Signature of Physician

Address

Paula Buchanan Dr. B.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Hammond No. 11

CERTIFICATE OF DEATH

Died at <u>New Market Dist.</u>		Town	County <u>Frederick Co</u>	MARYLAND	
Date of death <u>190</u>	Month <u>3</u>	Day <u>16<sup>th</sup></u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John D. Hammond</u>	Father's Birthplace <u>Frederick Co</u>				
Mother's Maiden Name <u>Julia Simpson</u>	Mother's Birthplace <u>Frederick Co</u>				
Name of person giving information <u>Dr. Downey</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

Primary

Meningitis

(6)

How long

Two weeks

Immediate

Benign ulcer

How long

A few hours

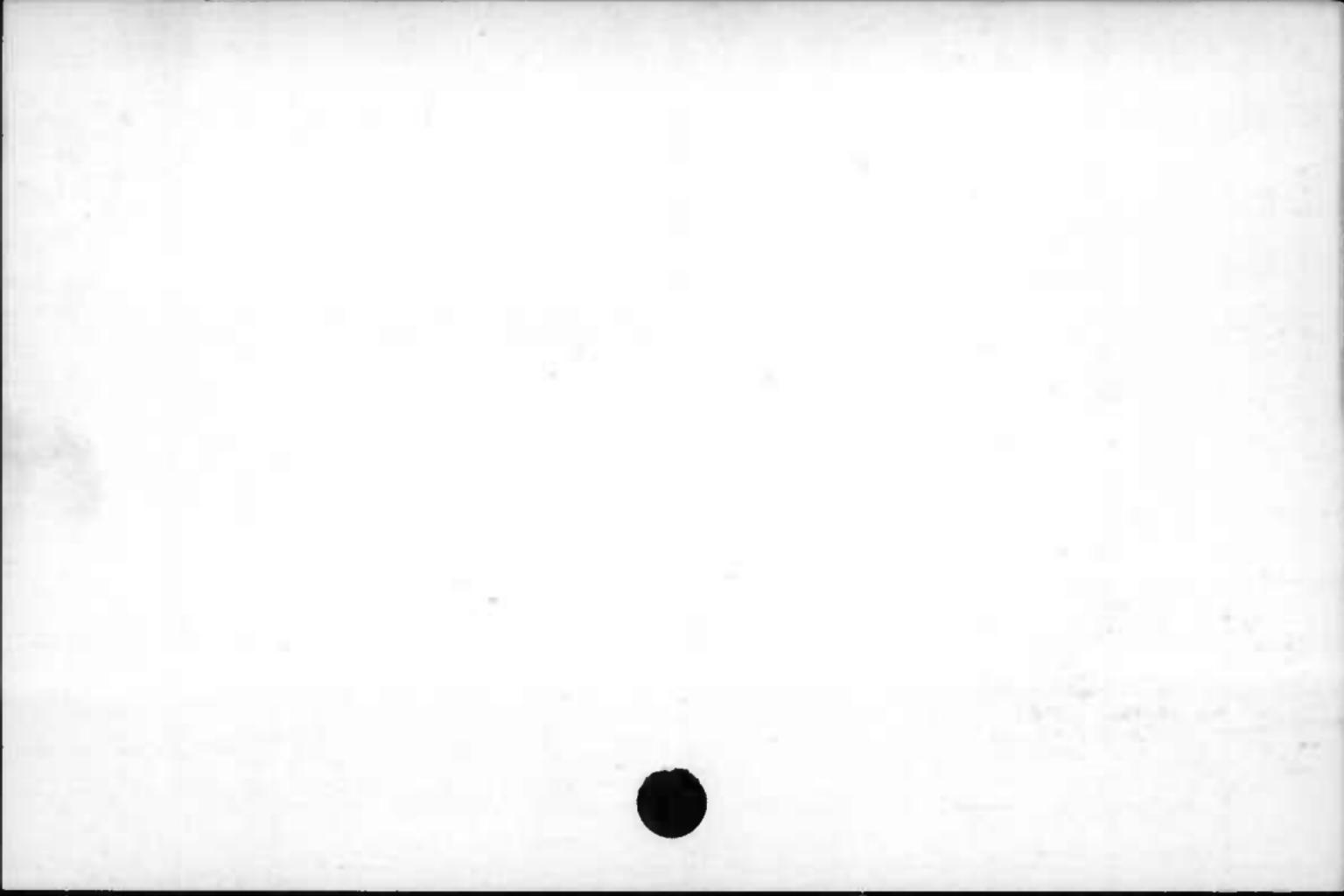
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Downey New Market

Accident or Suicide?



Name  
in  
Full

William Heffner

CERTIFICATE OF DEATH

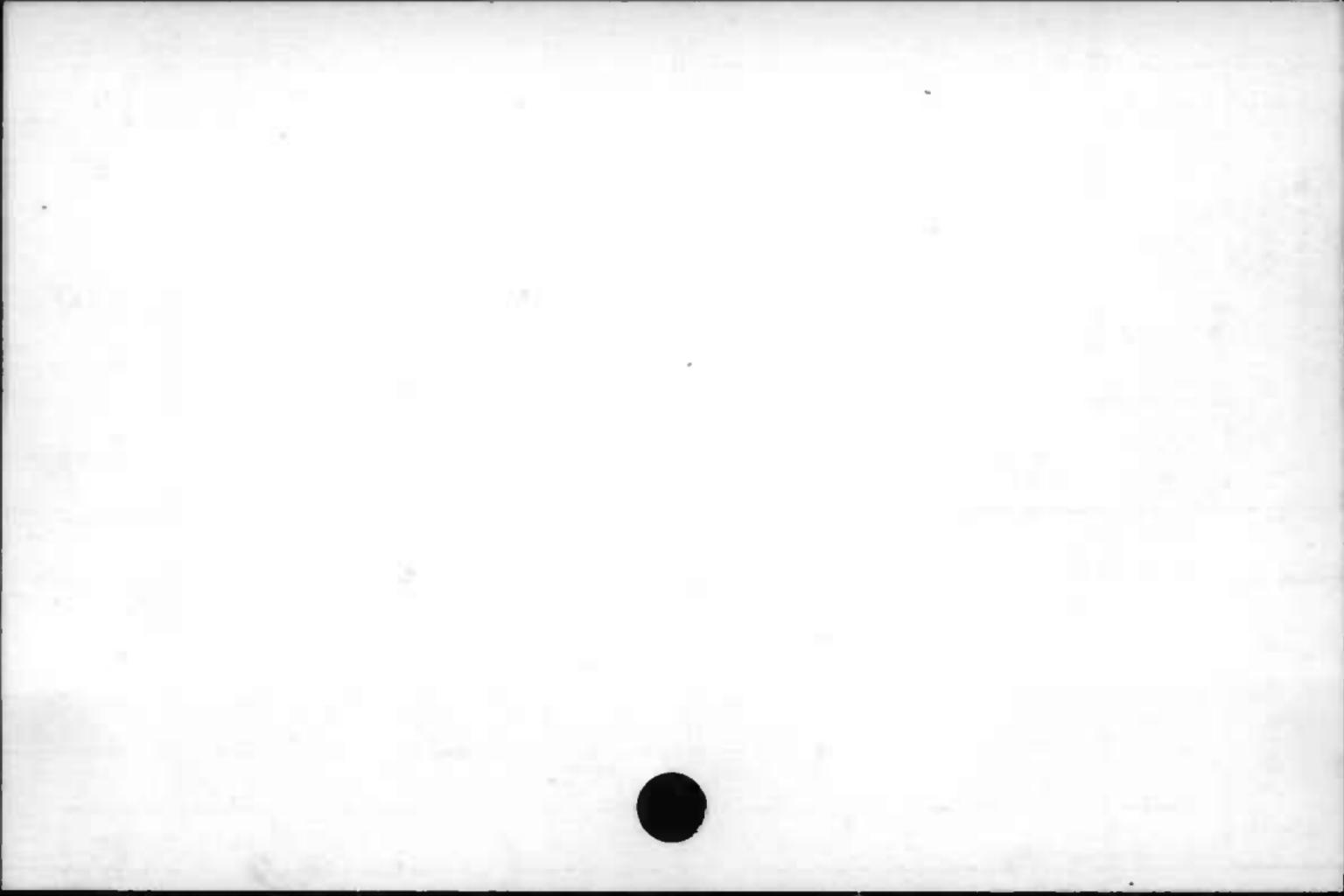
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Mar	Day 16	Years 84	Months 1	Days 24
Sex	Male	Color or Race	White		Birth-place	Don't know
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Casandra Turner			
Father's Name	Daniel H. Heffner		Father's Birthplace don't know			
Mother's Maiden Name	Susan Eyley		Mother's Birthplace don't know			
Name of person giving information	Casandra Heffner		How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease & Anasarca	How long	90 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. S. Young
		Address	Freagerstown Frederick Co
Accident or Suicide?			



Name  
in  
Full

Emory L. Hilderbrand

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Montgomery Hospital</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>6</u>	Age <u>36</u>	Years	Months <u>4</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation		Where Residing if not at place of death <u>Frederick Co</u>		
<u>Married, Single</u> <u>Widowed</u>	Name of Wife or Husband					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes Insipidus

How long

(50)

Immediate

Exhaustion.

How long

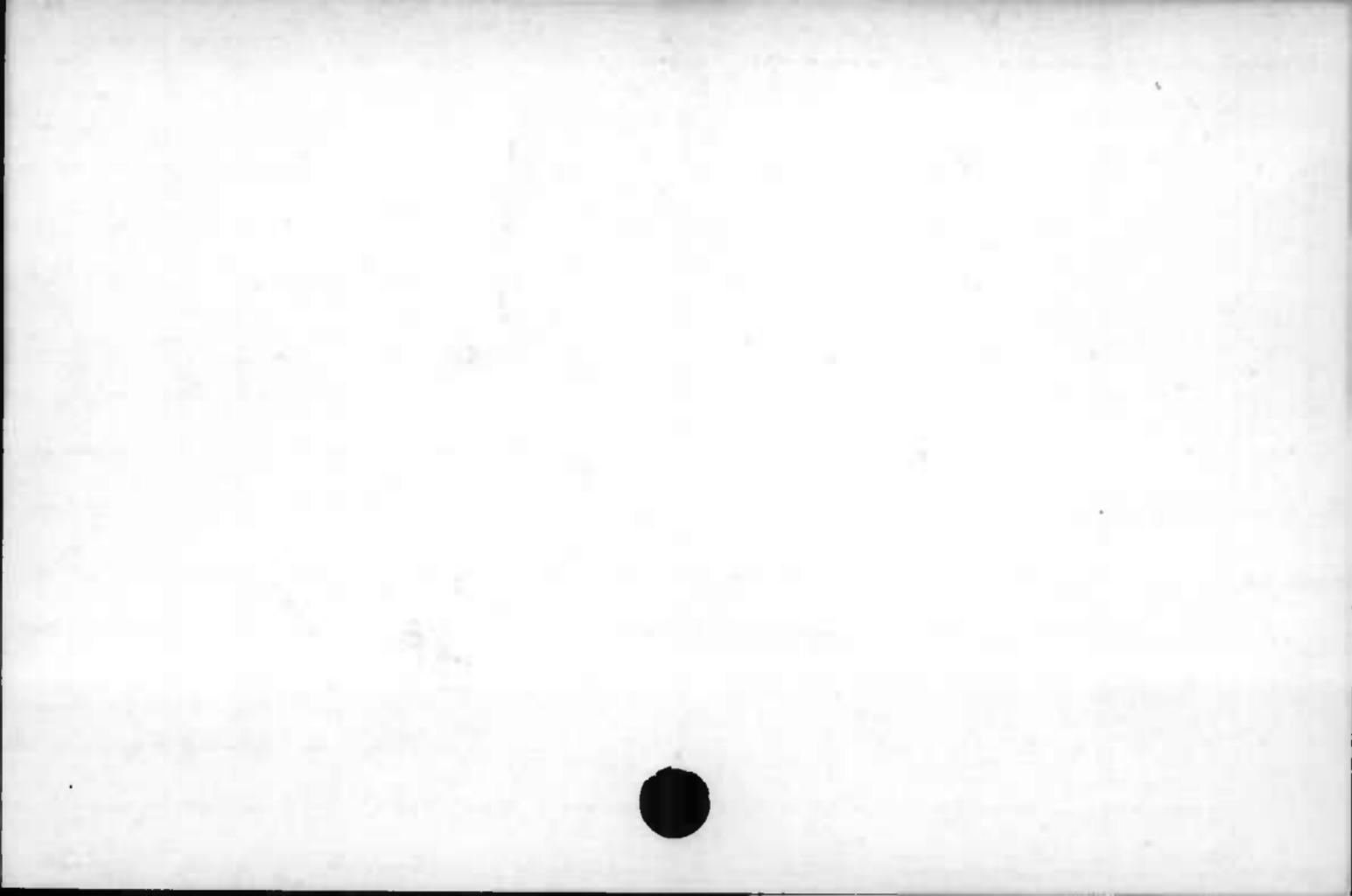
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Lyson

Accident or Suicide?



Name  
in  
Full

Ellsworth Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Unionville	Frederick	
Date of death	Month	Day	Years
1906	March	24	Age 6
Sex	Male	Color or Race	Birth-place
Occupation	None	Colored	Maryland
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Weldon Hill	Father's Birthplace	Md.
Mother's Maiden Name	Rose Hobbs	Mother's Birthplace	Md.
Name of person giving information	Weldon Hill	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebro Spinal Meningitis (6) How long  
about 9 days

Immediate

Exhaustion

How long

Second

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

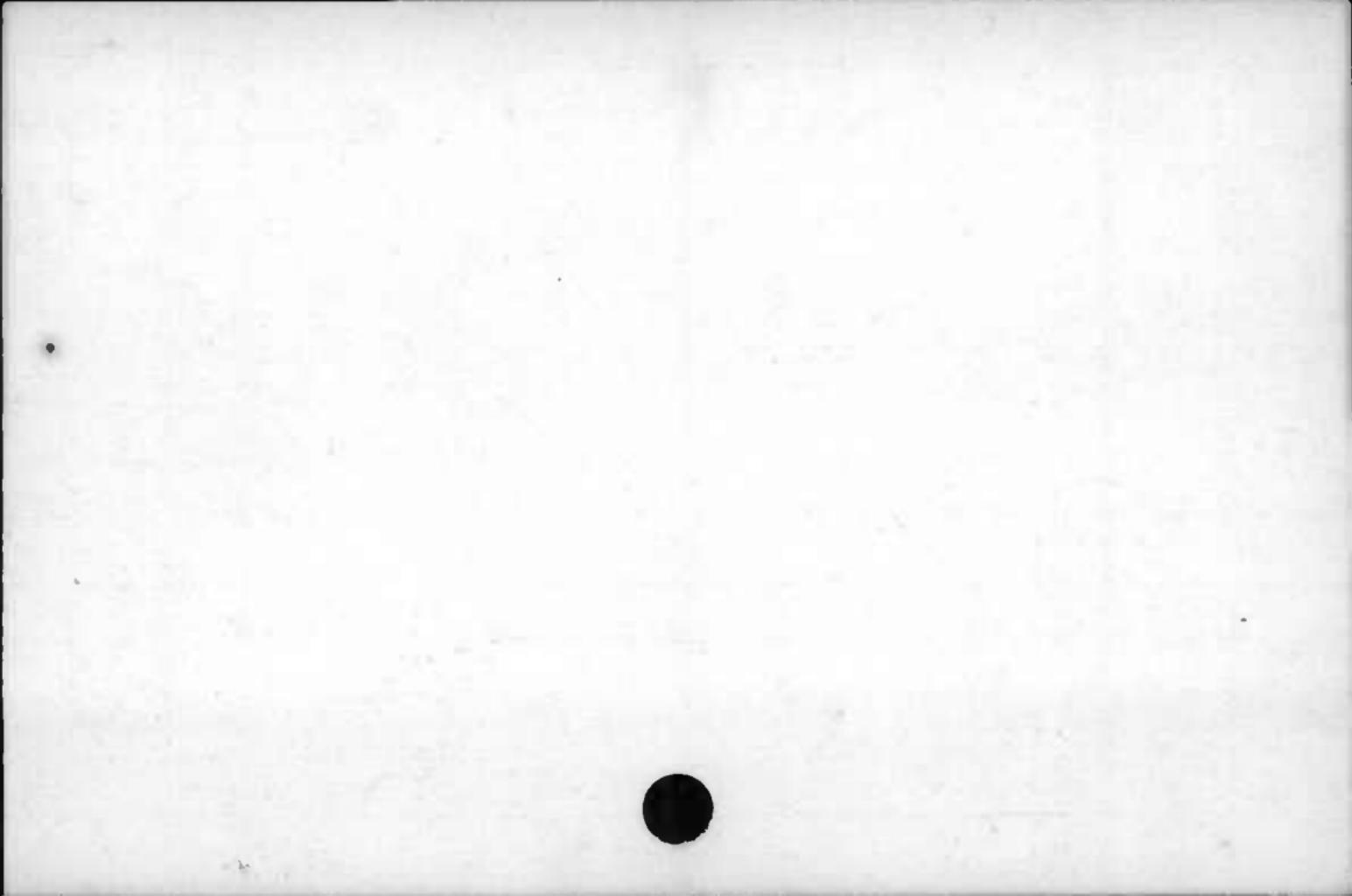
Address

Thomas P. Sappington

Unionville

Maryland

Accident or Suicide?



Name  
in  
Full

Charles Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		March	19	Age 26	6	+
Sex	Male	Color or Race	Colored	Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death	Near Unionville		
Married, Single or Widowed	Married	Name of Wife or Husband	Effie Rian			
Father's Name	Charles Hobbs		Father's Birthplace	Maryland		
Mother's Maiden Name	Unknown		Mother's Birthplace	Maryland		
Name of person giving information	Singleton Rian		How related to deceased	Father in law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis Pulmonalis

How long

about one year

Immediate

Exhaustion

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Thos. A. P. Sappington M.D.  
Unionville,

Accident or Suicide?

No



John Francis Hopp

Town County MARYLAND  
Died at Emmitsburg Frederick

Month Day Y. M. D. Native of Occupation  
Date 19 06 March 14 Age 78 6 Germany Shoemaker  
Male White Married Widower Divorced  
Female Colored Single Widower Number of children living 6

Husband of Martha Morrison

Father's Name Aloysius Hopp Mother's Maiden Name Mary Stature

Cause of Death Primary Paralysis

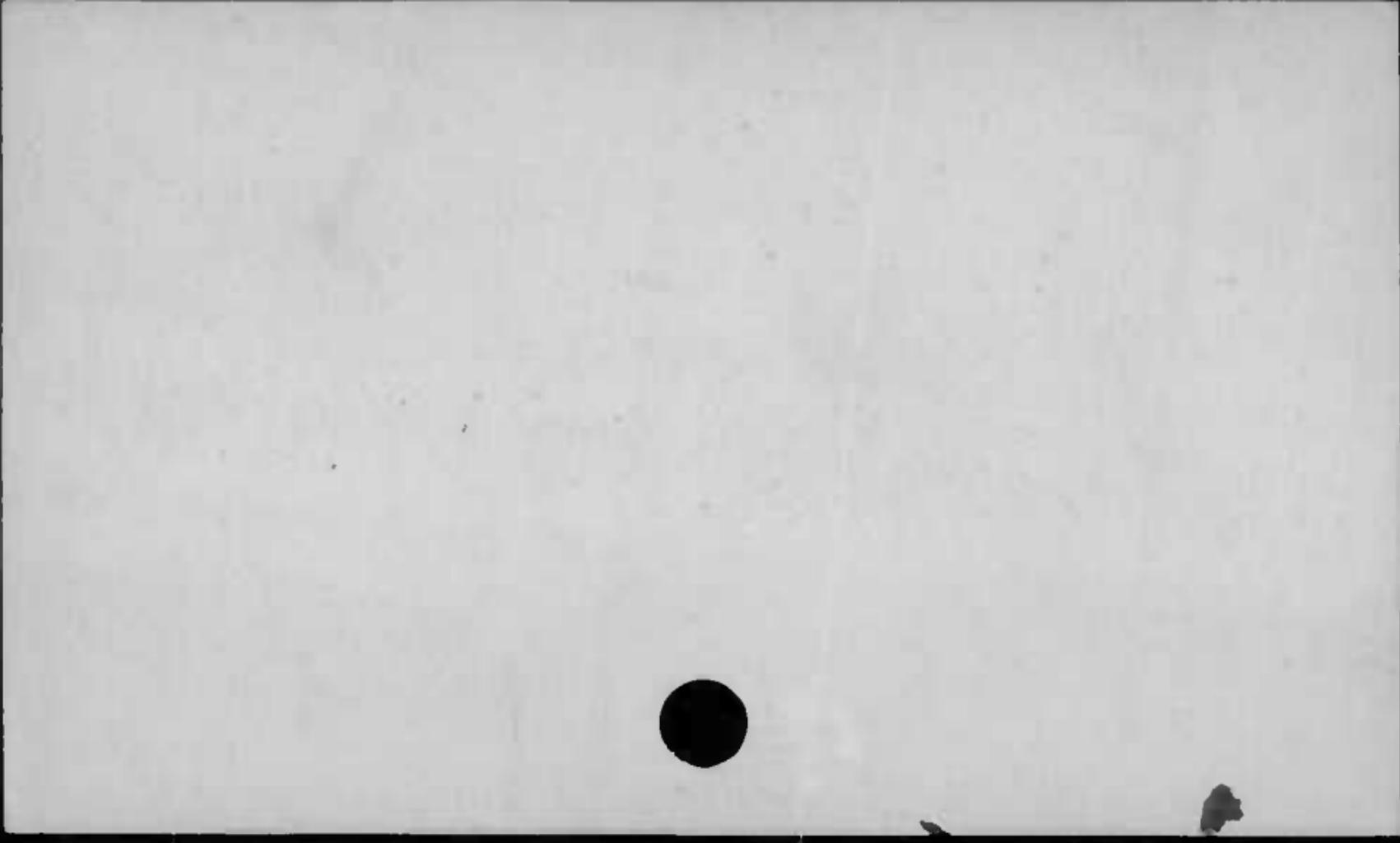
Death Immediate

How long sick 6 days  
Accident Suicide Homicide

Address Emmitsburg

Marylan

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

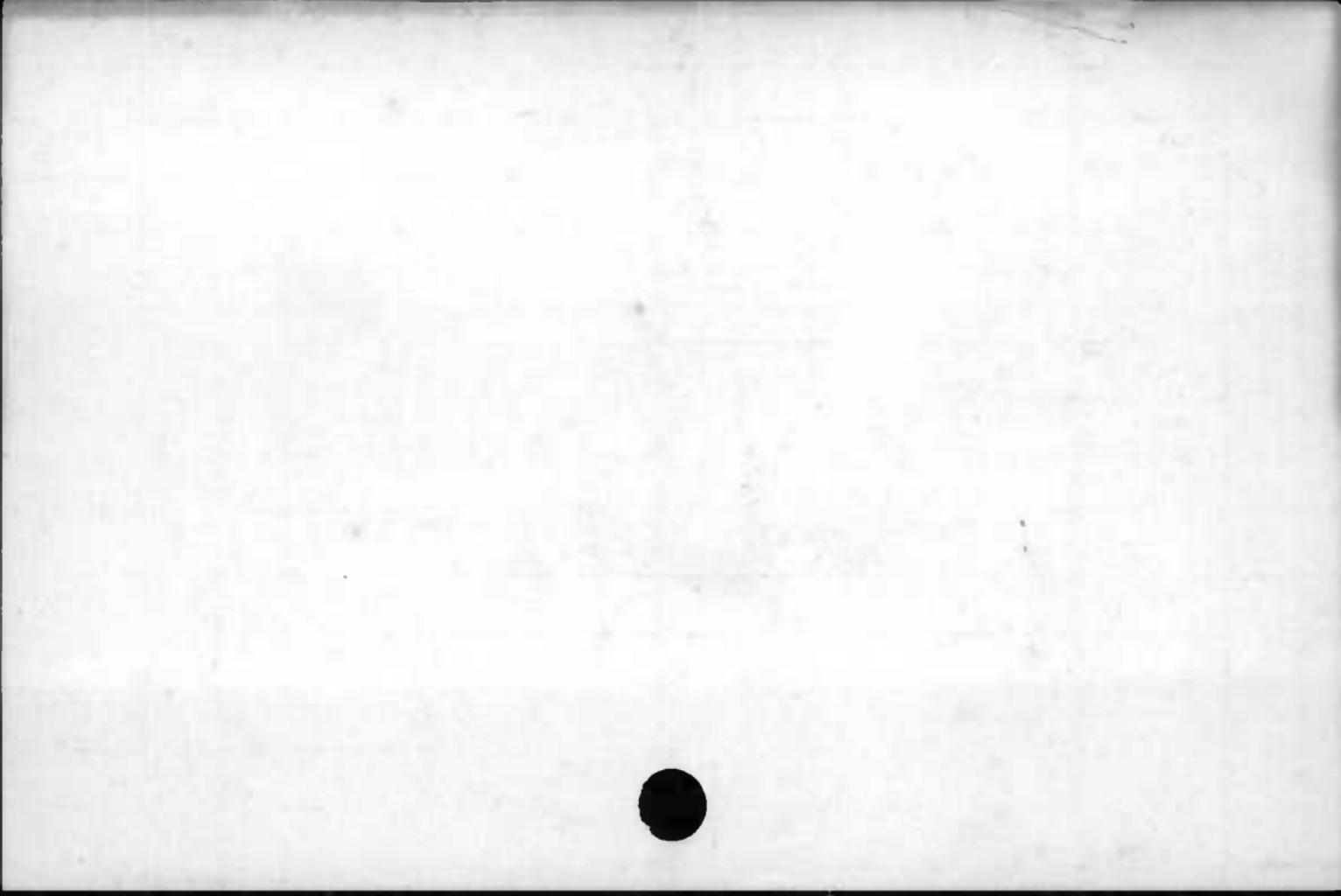


TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Frederick		Frederick					
Date of death	Month	Day	Years	Age	Months	Days	
1906	March	15	—	—	Still born	1	
Sex	Male	Color or Race	African		Birth-place	Frederick	
Occupation	—		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none				
Father's Name	William Jones				Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Lily Bruner		S		Mother's Birthplace	" "	
Name of person giving Information	Lily Bruner		S		How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature Birth		How long	prior to birth
	Immediate	Strangulation of cord Tunis		How long	About 3 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Signature of Physician	
Yes			Address		Lilburne MD.
Accident or Suicide?					938 Church St
					Frederick md



Name  
in  
Full

Anna E. Kearnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Libertytown</u> <small>Town</small>			<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	1906	Month 3	Day 22	Age 70	Years	Months -
Sex	Female	Color or Race	White	Birth-place	Ireland	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Husband	Patrick Kearnes			
Father's Name	John Eagan			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Kunning			Mother's Birthplace	Ireland	
Name of person giving information	John W. Kearnes			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease

19

How long

Several yrs.

Immediate

Heart disease

How long

—

Are the name, age, sex, color, date and place correctly given above?

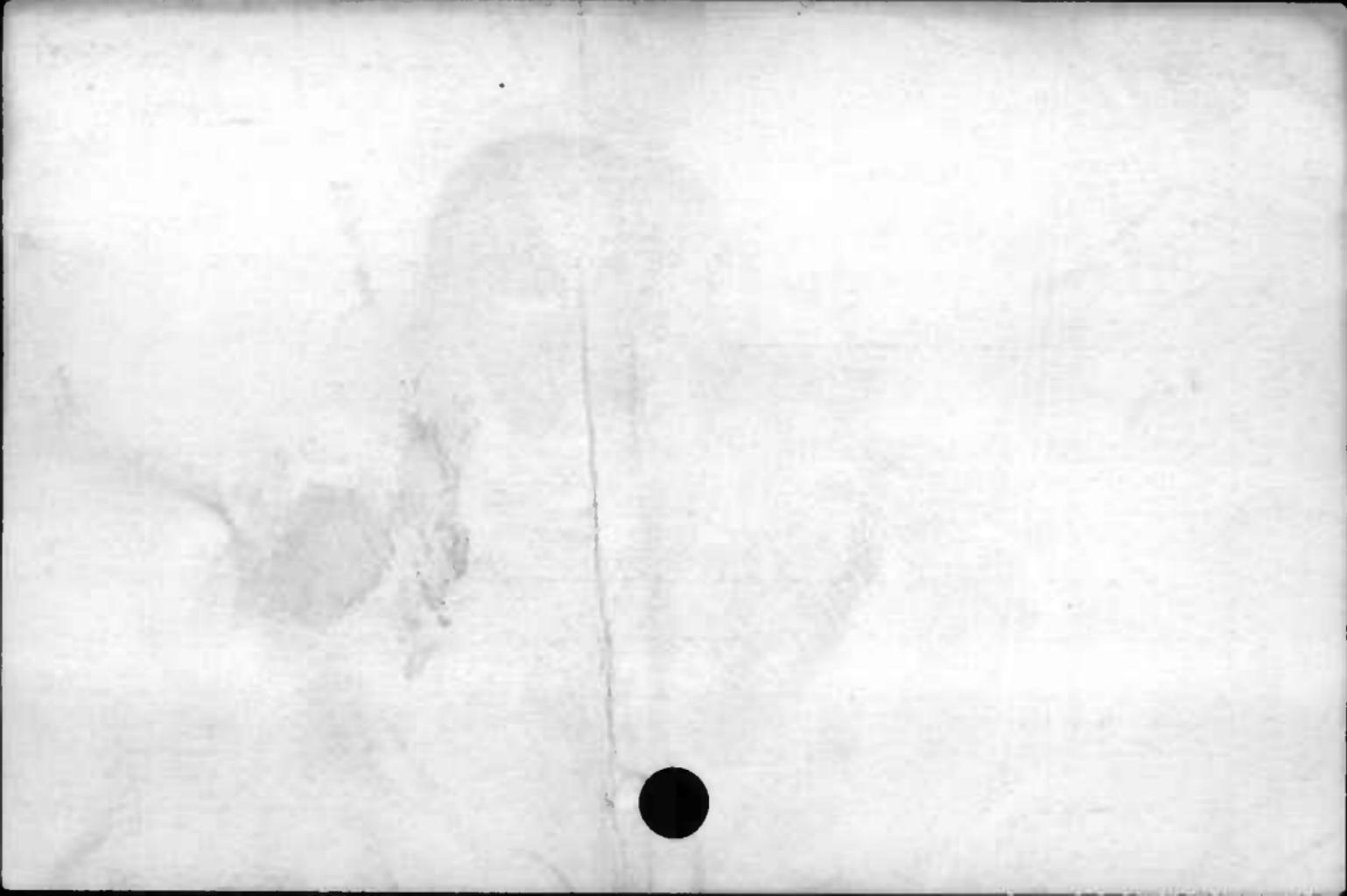
Yes

Signature of Physician

Address

Dr. W. Beall, M.D.  
Libertytown, Md.

Accident or Suicide?



Name  
in  
Full

Joseph Nueell Hartwood Kempf

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Brunswick</b>		Town	County <b>Pied</b>	
Date of death <b>1906</b>	Month <b>March</b>	Day <b>29</b>	Years	Months
Age <b>—</b>	—	—	5	Days
Sex <b>—</b>	Color or Race <b>white</b>	Birth-place <b>Ind</b>		
Occupation <b>—</b>	Where Residing if not at place of death			
Married, Single or Widowed <b>single</b>	Name of Wife or Husband			
Father's Name <b>Frederick S Kempf</b>	Father's Birthplace <b>Ind</b>			
Mother's Maiden Name <b>Carris Murphy</b>	Mother's Birthplace <b>Ind</b>			
Name of person giving Information <b>Carrie Kempf</b>	How related to deceased <b>Mother</b>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Premature Birth (5)**

How long

**5 days**

Immediate

Are the name, age, sex, color, date and place correctly given above?

**yes**

Signature of Physician

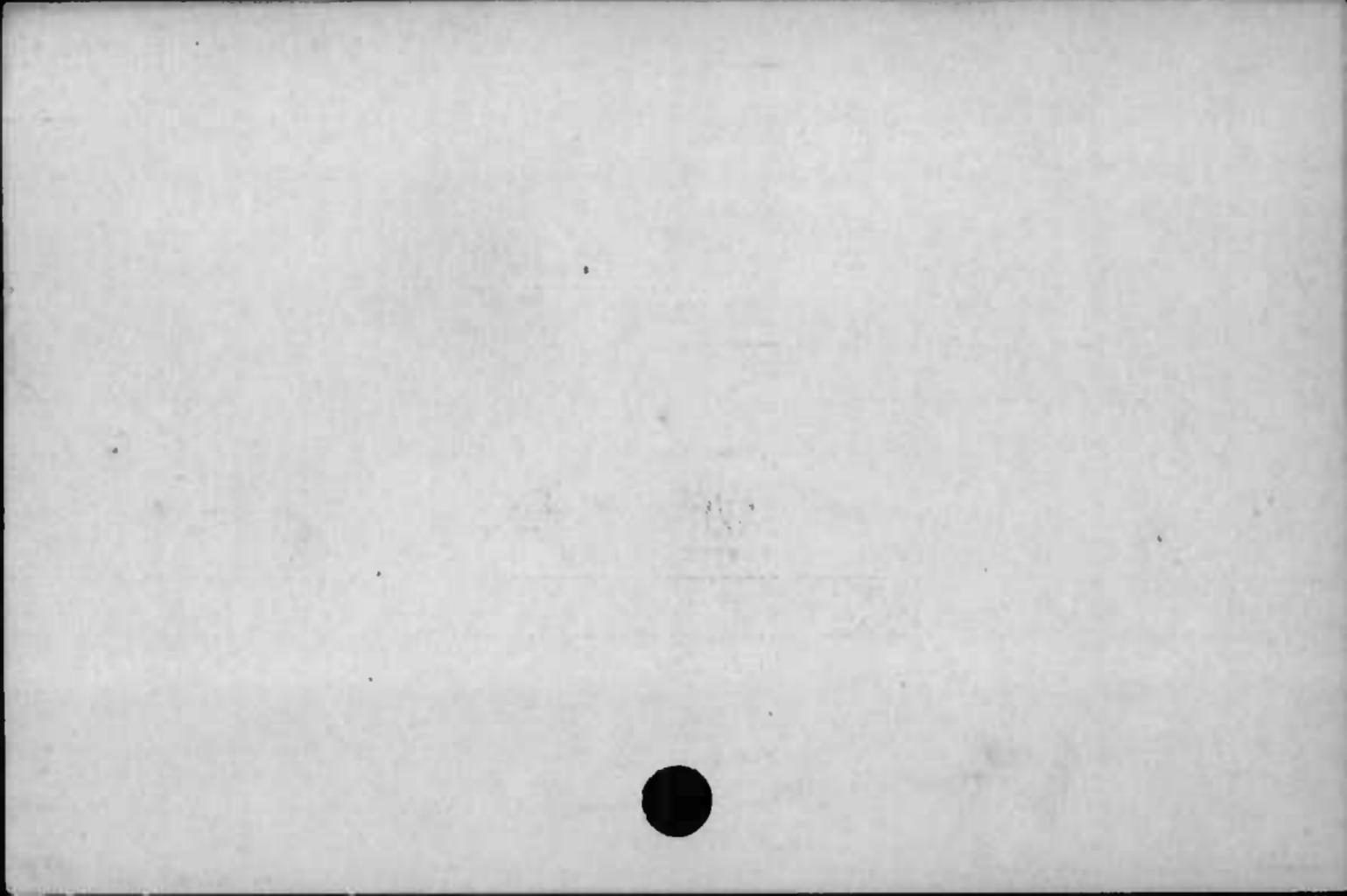
Address

**Dr. Bonine**

**Brunswick  
MD**

Accident or Suicide?

**no**



Name  
in  
Full

Thomas A Kessler

CERTIFICATE OF DEATH

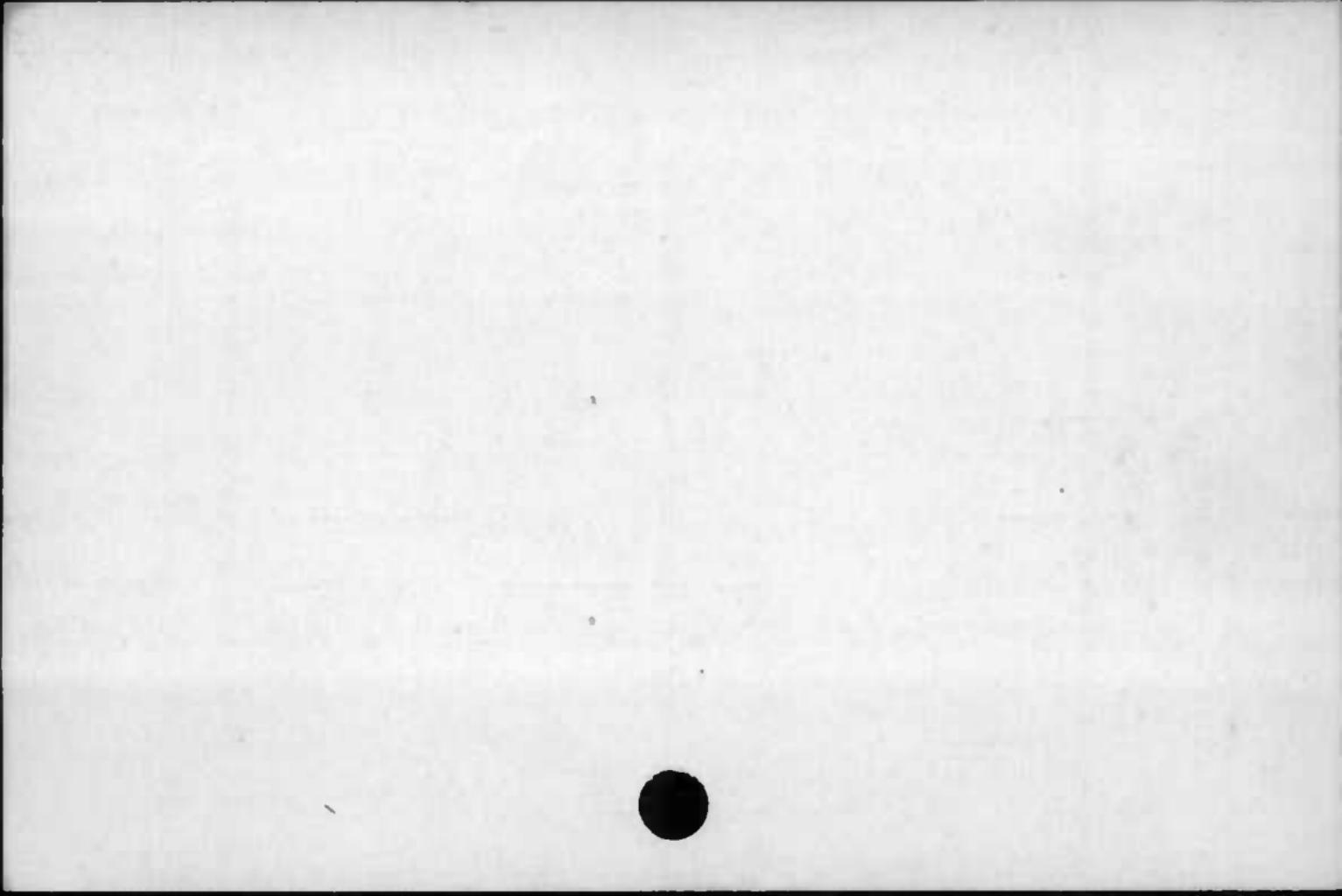
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick					
Date of death	Month	1906 3	Day	1	Years	56	Months	4	Days
Sex	Male	Color or Race	white	Birth-place	Md				
Occupation	Farmer		Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Wife or Husband	Elizabeth (Whealy) Kessler						
Father's Name	Andrew		Kessler	Father's Birthplace	Md				
Mother's Maiden Name	Dorotta Tarnar		Mother's Birthplace	Md					
Name of person giving information	Elizabeth Kessler		How related to deceased	Wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pellagra Pulmonary		How long	five years	
Immediate	Exhaustion		How long	3 days	
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Wm. A. Kessler, Jr.		
		Address	Frederick, Md.		
Accident or Suicide?	No				



Name  
in  
Full

Sydia J. Magaha

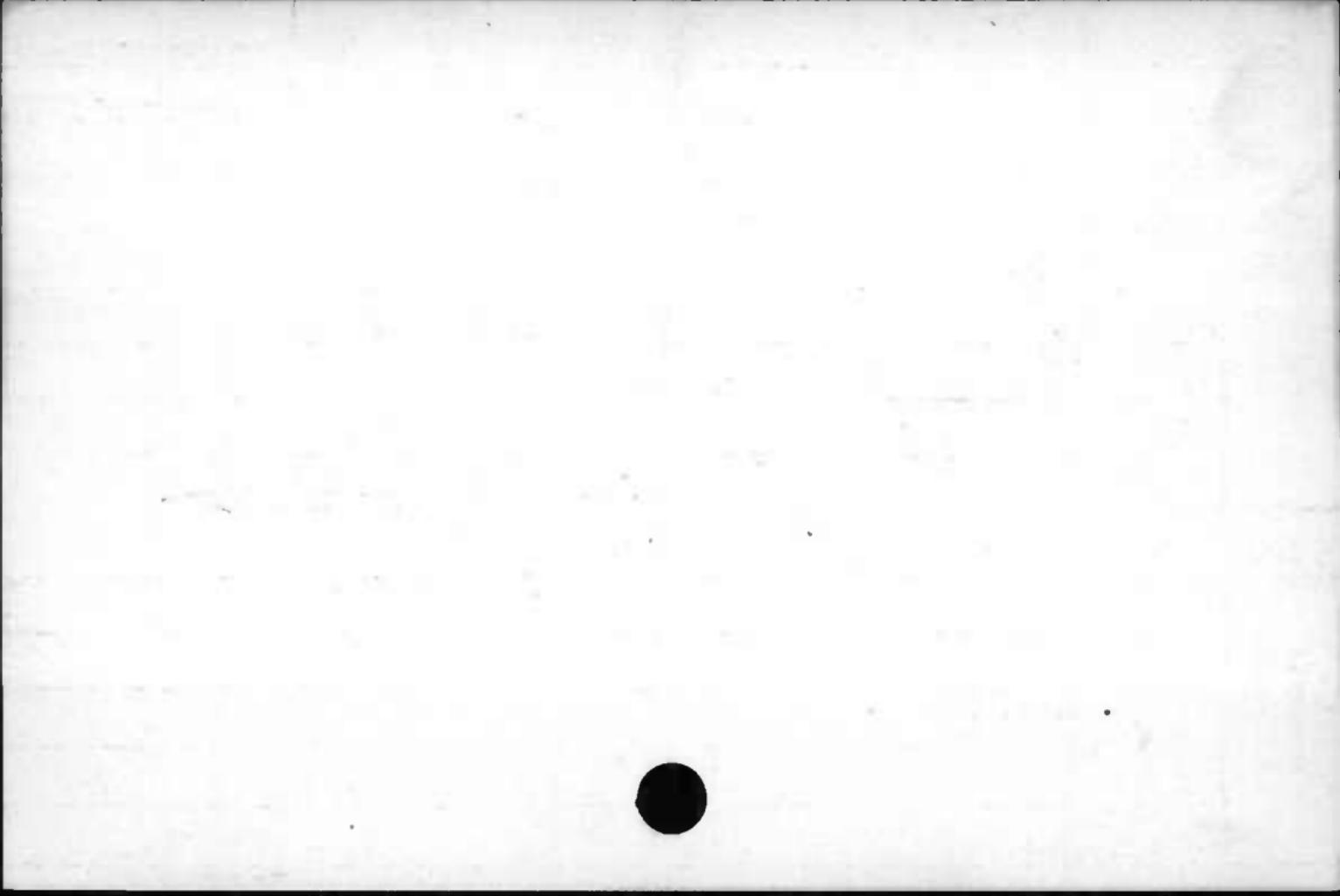
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1906	March	10	34	1	28	
Sex	Color or Race	white	Birth-place	W.H.		
Female						
Occupation	Where Residing if not at place of death					
Housewife						
Married, Single or Widowed	Name of Wife or Husband	William C. Magaha				
Father's Name	Chas W. Steffner					Father's Birthplace
Mother's Maiden Name	Sarah E. McKinney					Mother's Birthplace
Name of person giving information	W.C. Magaha					How related to deceased
						Husband
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis					How long
Immediate	" "					18 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
Yes		W. H. Whitlock		Winchester		
No		Rejected		Va		

Accident or Suicide?



Name  
in  
Full

George Daniels Morningstar

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Lincoln <sup>town</sup> County Fredk

MARYLAND

Date of death 1906 Month 3rd Day 30 Years 80 Months — Days —

Sex Male Color or Race white

Birth-place

Occupation Retired Where Residing if not at place of death —

~~Married Single~~  
Widowed

Name of Wife or Husband

Harriet Madairy

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

George Morningstar

William A Morningstar

(64)

Germany

Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebral Hemorrhage How long —

Immediate exhaustion How long week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.W. Cawfield, M.D.

Address

Fredk  
Md

Accident or Suicide?

Mr. Oliver County  
Apr 1<sup>st</sup>

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joshua B. Michael  
Doubz Town  
Trelleb County

CERTIFICATE OF DEATH

MARYLAND

Died at Date Month Day Age Years Months Days  
of death 1906 3 11 67 6 8 2  
Sex Male Color or Race White Birth-place Manos

Married, Single or Widowed Married Occupation Retired merchant

Name of Wife or Husband Margaret Whitter.

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving Information Margaret Whitter How related to deceased wife

CAUSES OF DEATH

Pilmary Diabetes How long 50 Five years

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician  
Address

Accident or Suicide? No



Name  
in  
Full

Cornelia A. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 3	Day 25	Years 40	Months 1	Days 22
Sex	Female	Color or Race	White	Birth-place		
Occupation	House Wife			Where Residing If not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Same		
Father's Name	Jas. Edw. Miller			Father's Birthplace		
Mother's Maiden Name	Samuel Lambert			Mother's Birthplace		
Name of person giving Information	Hannie Tomis.			How related to deceased		
	Jas. Edw. Miller			Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

miscarriage

(34)

How long

8 hours.

Immediate

Exhaustion from hemorrhage

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. M. Smith.

Fredk. Md.

9

Accident or Suicide?



Name  
in  
Full

Margrett Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	March	24	42	"	
Sex	Female	Color or Race	Colored	Birth-place	Md.
Occupation	Domestic		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Dudley Moon		Father's Birthplace	Md	
Mother's Maiden Name	Ann White		Mother's Birthplace	'md	
Name of person giving information	"	"	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aortic Regurgitation, with Nephritis About 8 months

Immediate

Exhaustion

How long

How long

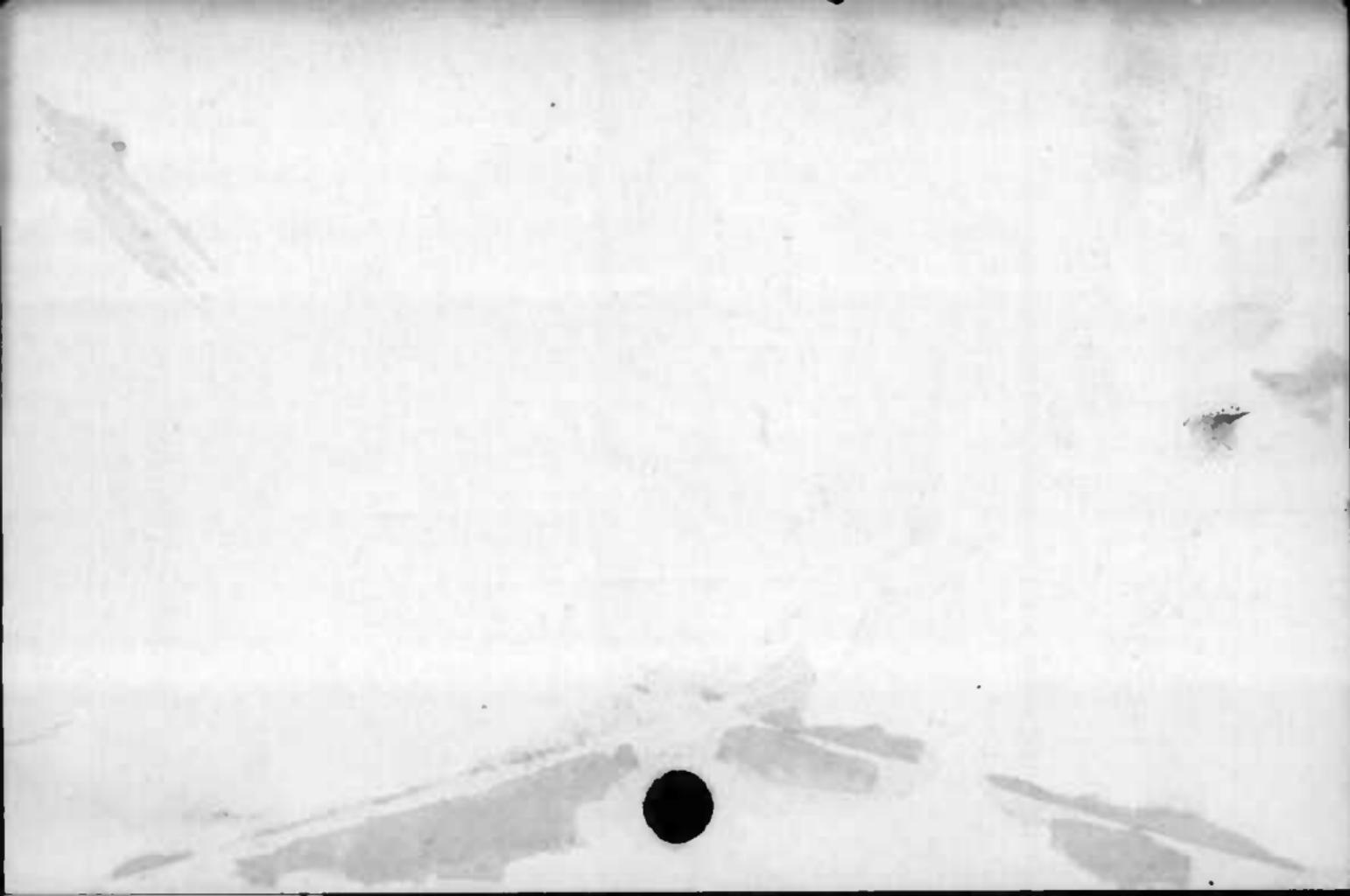
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. G. Bourne,  
Frederick Md.

Accident or Suicide?



Name  
in  
Full

Dadic Cecilia Nowell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		March	21	22	9	28
Sex	Female	Color or Race	white		Birth-place	
Occupation	Wife	Where Residing if not at place of death			Washington, D.C.	
Married, Single or Widowed	Married	Name of Wife or Husband	Ralph A. Nowell		Father's Birthplace	
Father's Name	Roland F. Cromelin				Atlanta, Ga.	
Mother's Maiden Name	Lillian N. Kremer				Mother's Birthplace	
Name of person giving information	Lillian N. Kremer				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

(104)

How long

Several hours

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. D. Neading, M.D.,  
Frederick, Md.

Accident or Suicide?



Name  
in  
Full

James L. Dull -

No. 13

CERTIFICATE OF DEATH

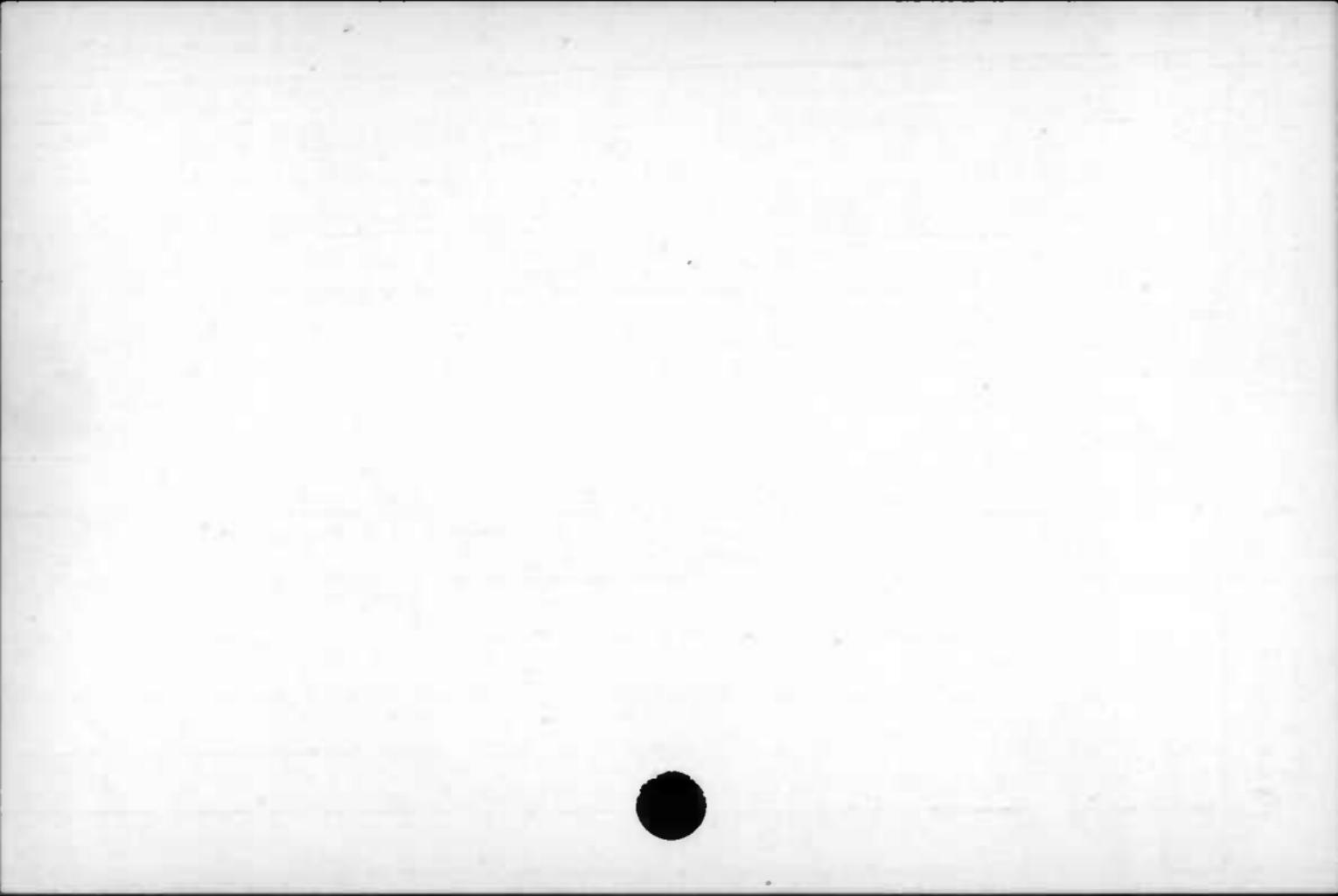
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near New Market</u>		Town	County <u>Frederick</u>	MARYLAND		
Date of death <u>190</u>	Month <u>3</u>	Day <u>22</u>	Years <u>61</u>	Months	Days <u>23</u>	
Sex <u>Male -</u>	Color or Race <u>White</u>	Birth-place <u>Frederick</u>				
Occupation <u>Greeter</u>	Where Residing If not at place of death <u>Don't Know</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband	<u>Don't Know</u>				
Father's Name	<u>Don't Know</u>					Father's Birthplace <u>Don't Know</u>
Mother's Maiden Name	<u>Don't Know</u>					Mother's Birthplace <u>Don't Know</u>
Name of person giving information <u>Dr Downey -</u>						How related to deceased <u>None</u>

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <u>Cancer</u>	45	How long <u>One Month</u>
Immediate <u>Perforation of bowel</u>		How long <u>2 weeks</u>
Are the name, age, sex, color, race and place correctly given above?	YES	Signature of Physician <u>JW Downey, MD</u>
Address <u>New Market Md</u>		
Accident or Suicide?		



Name

in  
Full

Honora O'Connell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 3	Day 1	Years 89	Months —	Days —	
Sex	Female	Color or Race	White	Birth-place	Ireland		
Occupation	House Wife		Where Residing if not at place of death	Same			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Patrick O'Connell	Father's Birthplace	Ireland		
Father's Name	Reed		Mother's Birthplace	—			
Mother's Maiden Name	unknown		How related to deceased	Daughter			
Name of person giving information	O'Connell						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Severe debility

(H)

How long

Immediate

Appoplexy

yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. F. Goodwin

Accident or Suicide?



Name  
in  
Full

Rebecca Palmer

CERTIFICATE OF DEATH

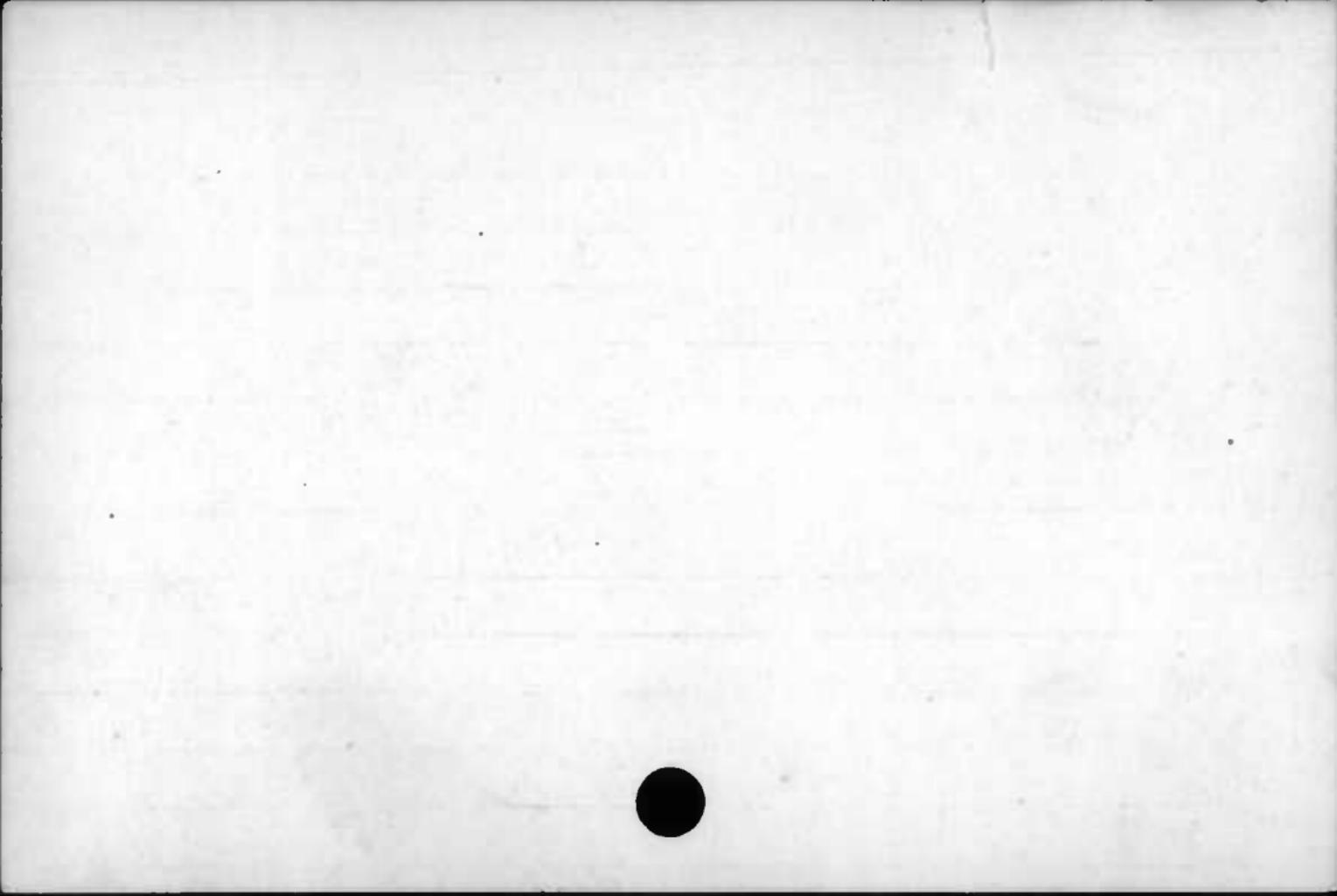
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	1906	Month March	Day 5 <sup>th</sup>	Years 66	2	Months	4	Days
Sex	Female	Color or Race	White	Birth-place				Churchill
Occupation	Housekeeping			Where Residing if not at place of death				Churchill
Married, Single or Widowed	Widowed	Name of Wife or Husband		—				
Father's Name	James Middle			Father's Birthplace				
Mother's Maiden Name	Susan Palmer			Mother's Birthplace				
Name of person giving Information	Francis Palmer			How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Disease of Heart		How long	10 years
Immediate	Aphoplexy		How long	14 days
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	Ralph Browning
			Address	Marysville, Md.
Accident or Suicide?				



Name  
in  
Full

Thomas . Palmer.

CERTIFICATE OF DEATH

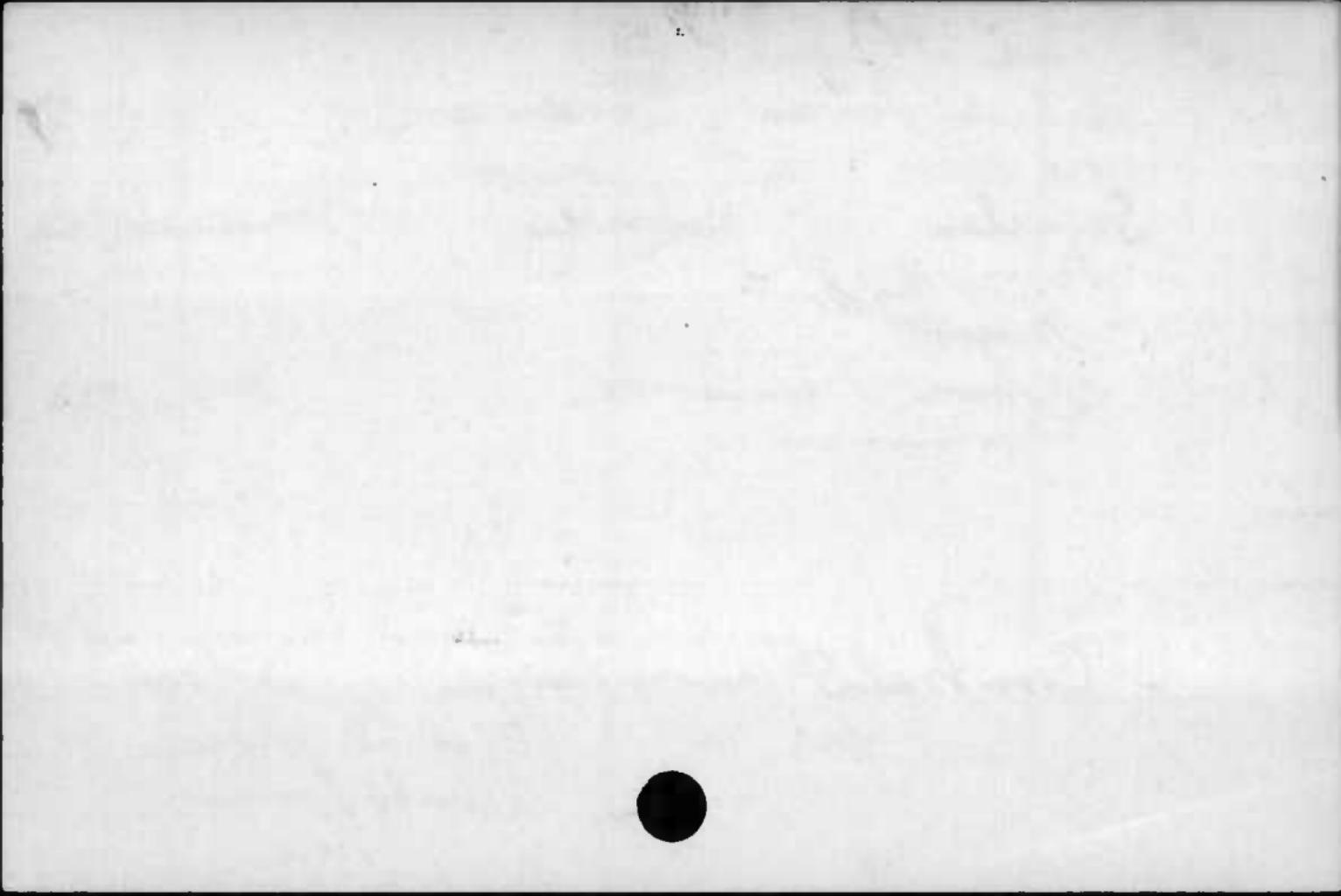
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	71		2 3
Occupation	Farm labourer		Where Residing if not at place of death	Mt Taber Milford - Coafman	
Married, Single or Widowed	Widower	Name of Wife or Husband	Sarah . C . Palmer.	Father's Birthplace Mt. Taber.	
Father's Name	Thomas . Palmer.		Mother's Birthplace Myersville.		
Mother's Maiden Name	Sarah	Moser.	How related to deceased Wife		
Name of person giving information	C . E . Palmer.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic Disease of Stomach		How long Indefinite.
Immediate	Pyloric Obstruction & Cyanosis		How long One week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician B. H. Stok, M.D.	Address Myersville Md.
Accident or Suicide?			



Name  
in  
Full

Harriet Penn

CERTIFICATE OF DEATH

To BE ANSWERED BY.

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	About 60	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Richard Hammond			Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

64

How long

Immediate

Central Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Otis R. Stowe

Liberty Town  
Md.

Accident or Suicide?



Name  
in  
Full

Myrtle Emely Perry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 3	Day 18	Age 28.	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	
Occupation	House Wife		Where Residing If not at place of death		Same		
Married, Single or Widowed	Married		Name of Wife or Husband	Wm H. Perry		Perry	
Father's Name	Jacob S. Grabill		Father's Birthplace		F. Leo Mod		
Mother's Maiden Name	Emma Kirszt		Mother's Birthplace		" " "		
Name of person giving information	Mrs. Perry		How related to deceased		Husband		
CAUSES OF DEATH							
Primary	Peritoneal & Intestinal Tuberculosis		How long		About 18 months		
Immediate	Asthma		How long				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. O. Frederick, M.D., Frederick, Md.		
yes			Address				

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Samuel Granville Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	Park Mills		Frederick		
Date of death	1906	Month Mar	Day 27	Years	Age 49
Sex	male	Color or Race	white	Birth-place	near Thurston.
Married, Single or Widowed	Single	Occupation		laborer	
Name of Wife or Husband					
Father's Name	John. E. Peters,		Father's Birthplace		Fred'k Co.
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	John F. Cooley		How related to deceased		No relation.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes Mellitus

How long

4 years.

Immediate

Exhaustion following exertion vomiting

How long

1 day

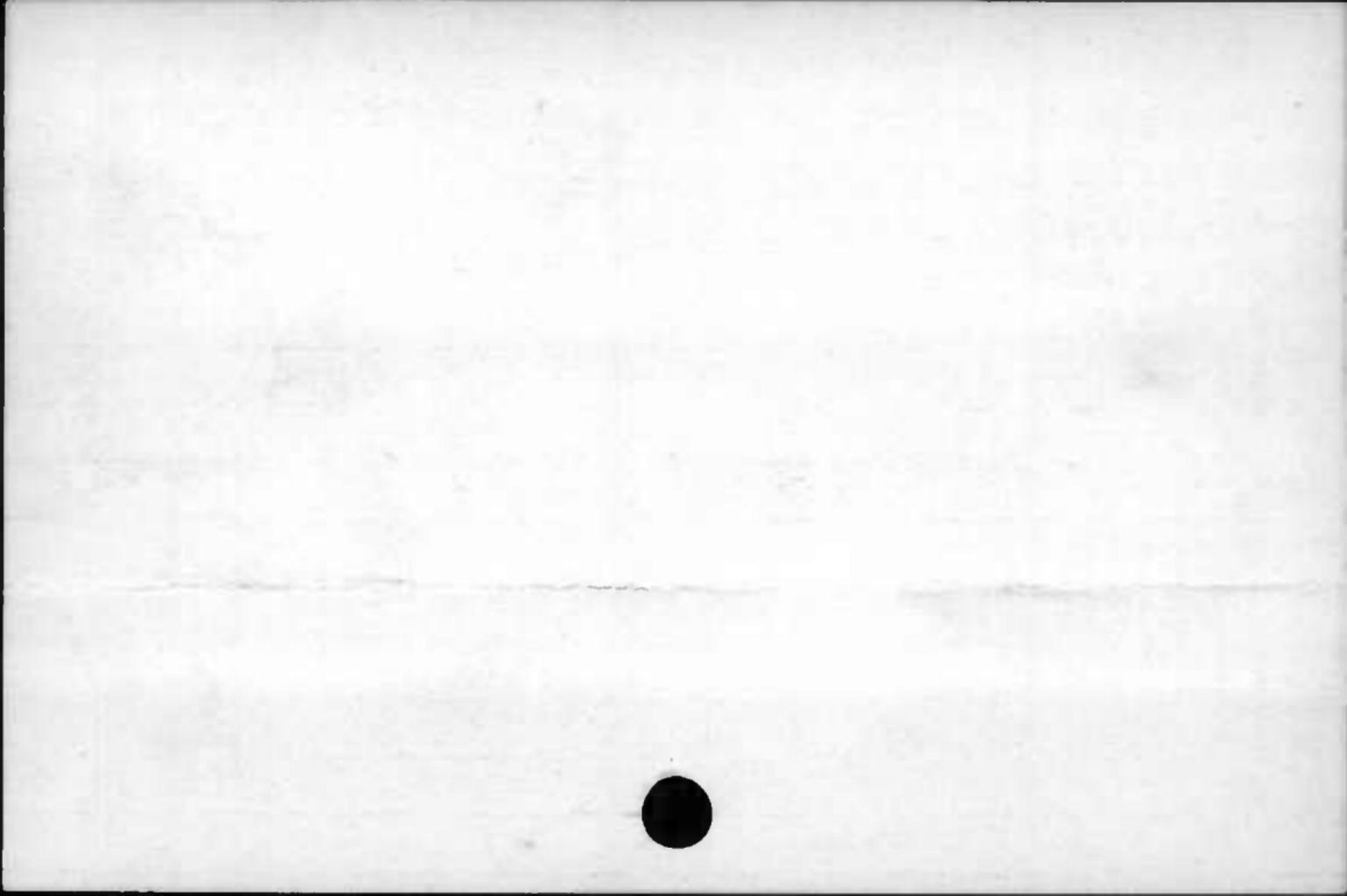
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Thomas,  
Adamstown,  
Maryland.

Accident or Suicide?



Name  
in  
Full

Ann Rebecca Poffinberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ellerton

Town

County

Frederick

MARYLAND

Date of death 1906 Month 3 Day 30 Age 75 - Years 75 - Months 3 - Days 251

Sex Female

Color or Race

White

Birth-place Frederick Co.

Occupation

Housewife

Where Residing if not  
at place of death

Ellerton, Fred. Co.

Married, Single  
or Widowed

Name of wife of  
Husband

Hezekiah Poffinberger

Father's Name

George Gaver

Father's Birthplace

Frederick Co.-Md

Mother's Maiden Name

Mary Ruggery

Mother's Birthplace

Name of person giving  
Information

Agnes R. Flock

How related  
to deceased

None -

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

How long

2 years

Immediate

Exhaustion

How long

5 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yrs.

Signature of  
Physician

Ralph Browning

Address

Marysville, Md.

Accident or Suicide?



Name  
in  
Full

Eliza Jane Rhodes

No. 14

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Market</u>		County <u>Frederick</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>March</u>	Day <u>25</u>	Years <u>70</u>	Months <u>8</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Md.</u>				
Married, Single or Widowed <u>Widow</u>	Occupation					
Name of Wife or Husband <u>Henry G. Rhodes</u>						
Father's Name <u>John Pierce</u>	Father's Birthplace					
Mother's Maiden Name <u>Catherine Davis</u>	Mother's Birthplace					
Name of person giving information <u>John E. Mc. Cahan</u>	How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apprehension

(64)

How long

Immediate

Cerebral Hemorrhage, Medulla

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Anna M. Rippen

No. 15.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Bartholomew		Frederica			
Date of death	Month	Day	Age	Years	Months	Days
1906	Mar	8	65		4	10
Sex	Color or Race					
Female	white		Birth-place Maryland			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband		Housewife			
Married, Single or Widowed	Name of Husband		Hanson Rippen			
Father's Name	Name of Husband		Michael Cookely			
Mother's Maiden Name	Name of Husband		Elisabeth Davis			
Name of person giving information	Name of Husband		Hanson Rippen			
					How related to deceased	
					Husband	

## CAUSES OF DEATH

Primary

Progressive Paralysis

6

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

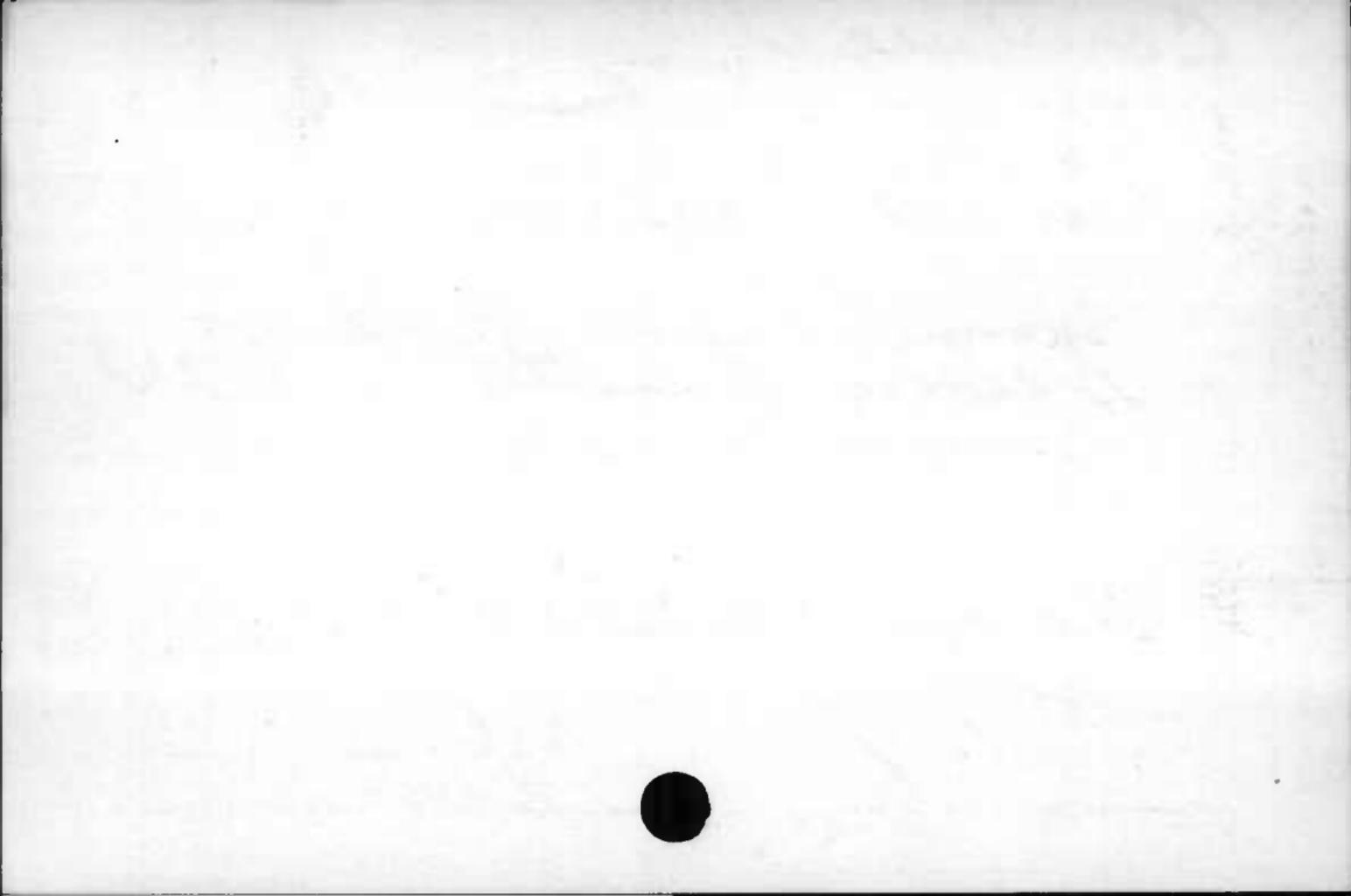
A. H. Hopkins Jr.,

Accident or Suicide?

no.

Address

New Market,  
Frederick Co., Maryland.



Name  
in  
Full

Caroline V. Rollins

CERTIFICATE OF DEATH

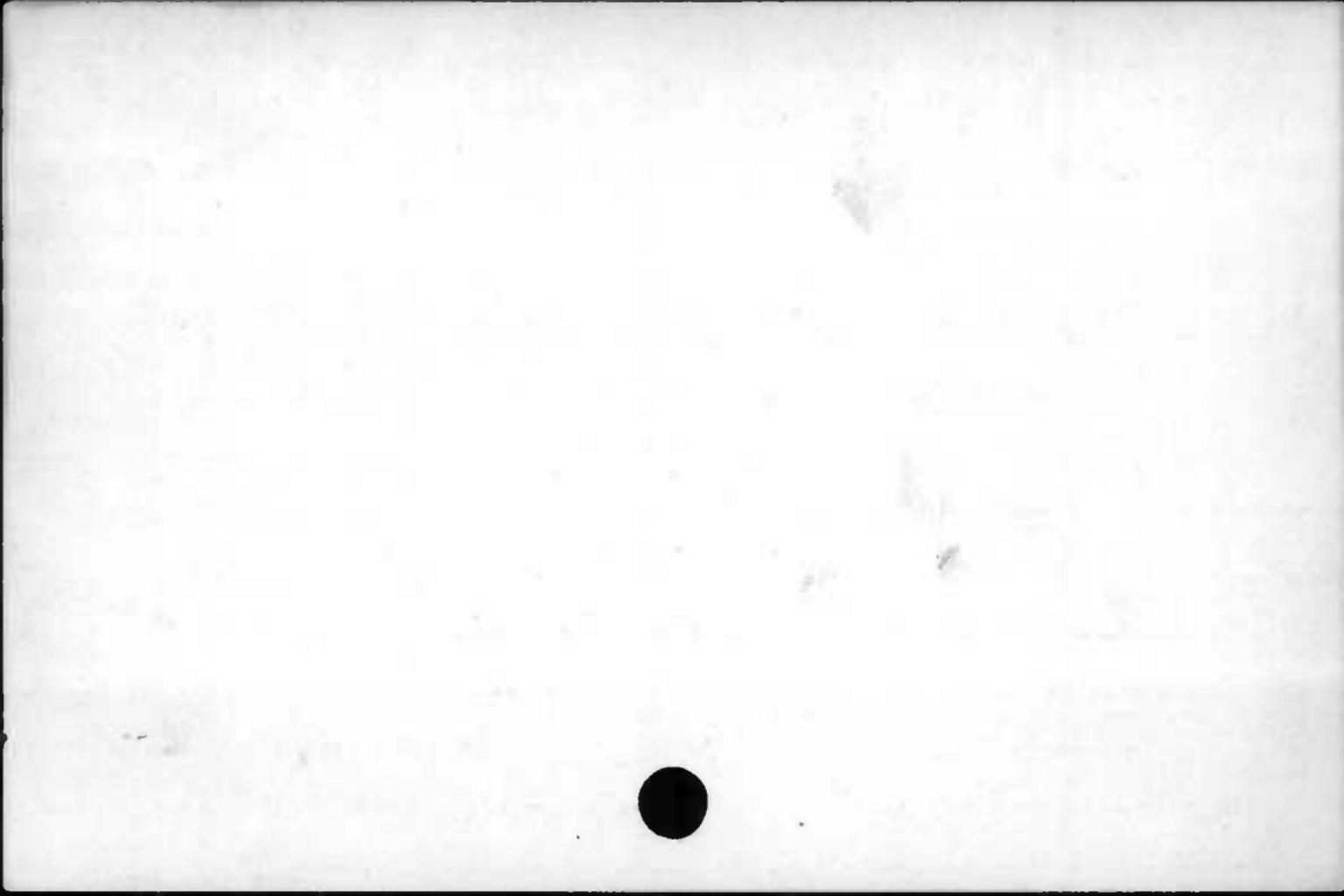
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <input type="text"/> own	Month	Day	County	MARYLAND	
Date of death <input type="text"/> 1906	Year	<input type="text"/> 18	Age <input type="text"/> 60	Months	Days
Sex <input type="text"/> female	Color or Race <input type="text"/> colored	Birth-place <input type="text"/> died			
Occupation <input type="text"/> house wife	Where Residing if not at place of death				
Married, Single or Widowed <input type="text"/> widow	Name of Wife or Husband <input type="text"/> Jas. Rollins		Father's Birthplace <input type="text"/> died		
Father's Name <input type="text"/> Nelson Smith	Mother's Maiden Name <input type="text"/> Gertrude Smith		Mother's Birthplace <input type="text"/> died		
Name of person giving Information <input type="text"/> Lawrence Rollins		How related to deceased <input type="text"/> son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <input type="text"/> Heart Disease	How long <input type="text"/> 10 years
Immediate <input type="text"/> autopsy	How long <input type="text"/> 10 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <input type="text"/> E. E. Fulling
Address <input type="text"/> 2120 Madison Avenue	
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

**CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

## NEAREST FRIEND

Frederick Cornelius Oscar Sceiss				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Graceham		Frederick				
Date of death	Month	Day	Years	Age	Months	Days
1906	June	16	72	72	6	23
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Male	White		Retired Farmer		Frederick, Md	
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Single	Margaret Scott					
Father's Name	Daniel Sceiss				Frederick, Md	
Mother's Maiden Name	Barbara Honker					
Name of person giving Information	Daniel Sceiss				Son	

#### CAUSES OF DEATH

## PHYSICIAN IN COBONER

### Primary

## Chronic Subacute Hepatitis

120

2 yrs -

### Immediate

Dear Wilson

3ivrps -

Are the name, age, sex, color, date and place correctly given above?

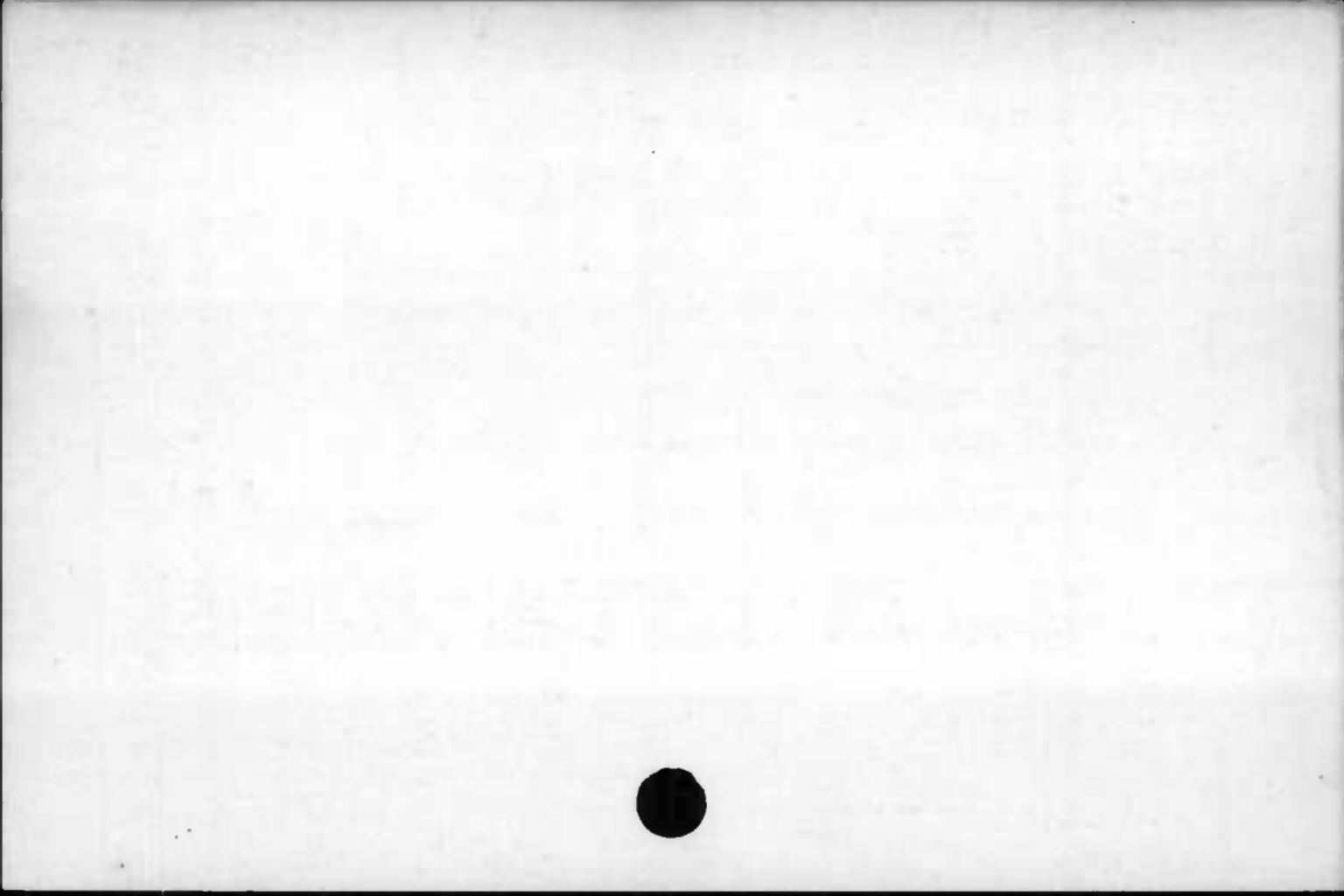
—  
—  
—

Signature of  
Physician

### Address

W. A. Biele  
Obermaier

## Accident or Suicide?



Schummie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Fredrick</u>		County <u>"</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>24</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Wh</u>	Birth-place <u>Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Fredrick Schummie</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Ellen Haligan</u>	Mother's Birthplace <u>Irland</u>				
Name of person giving information <u>Frank Schummie</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary <u>Still Birth</u>	<u>8</u>	How long <u>4 days</u>
Immediate <u>—</u>		How long <u>—</u>

Are the name, age, sex, color, date and place correctly given above?

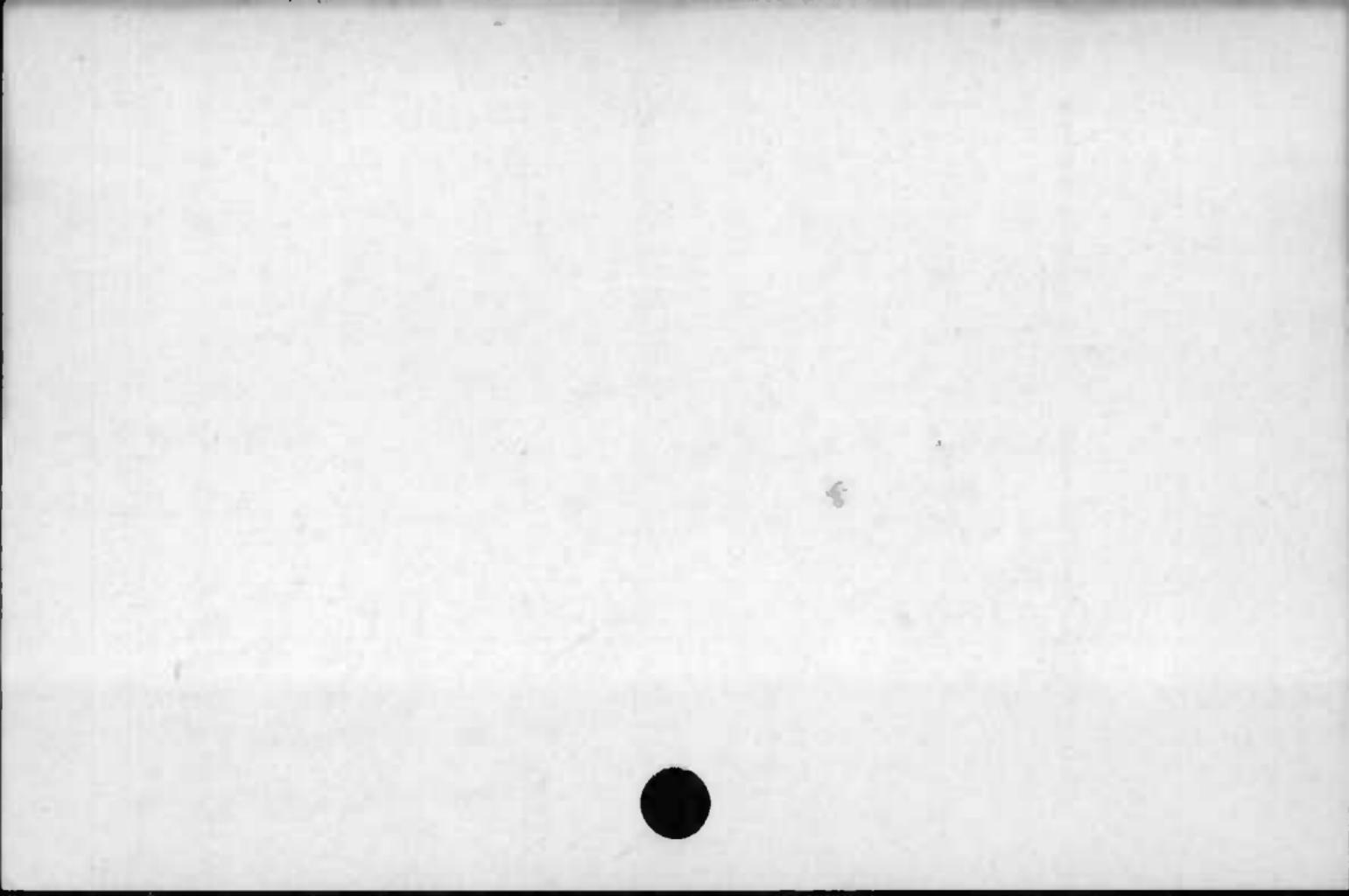
Yes

Signature of Physician

Address

Wm F. Goodwin

Accident or Suicide?



Name  
in  
Full

Edna Henrietta Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Near Died at		Town	County		MARYLAND	
Woodabow		Frederick			4	9
Date of death	Month	Day	Years	Age	Months	Days
1906	March	13			4	9
Sex	Female	Color or Race	White		Birth- place	Near Woodabow Md.
Occupation			Where Residing if not at place of death		✓	
Married, Single or Widowed	✓	Name of Wife or Husband		✓		
Father's Name	James L. Smith				Father's Birthplace	Near Woodabow Md.
Mother's Maiden Name	Celestia M. V. Baugher				Mother's Birthplace	Utica Mills,
Name of person giving Information	James L. Smith				How related to deceased	Father

CAUSES OF DEATH

Primary

Aphthae

How long

About  
2 weeks

Immediate

Spasms

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

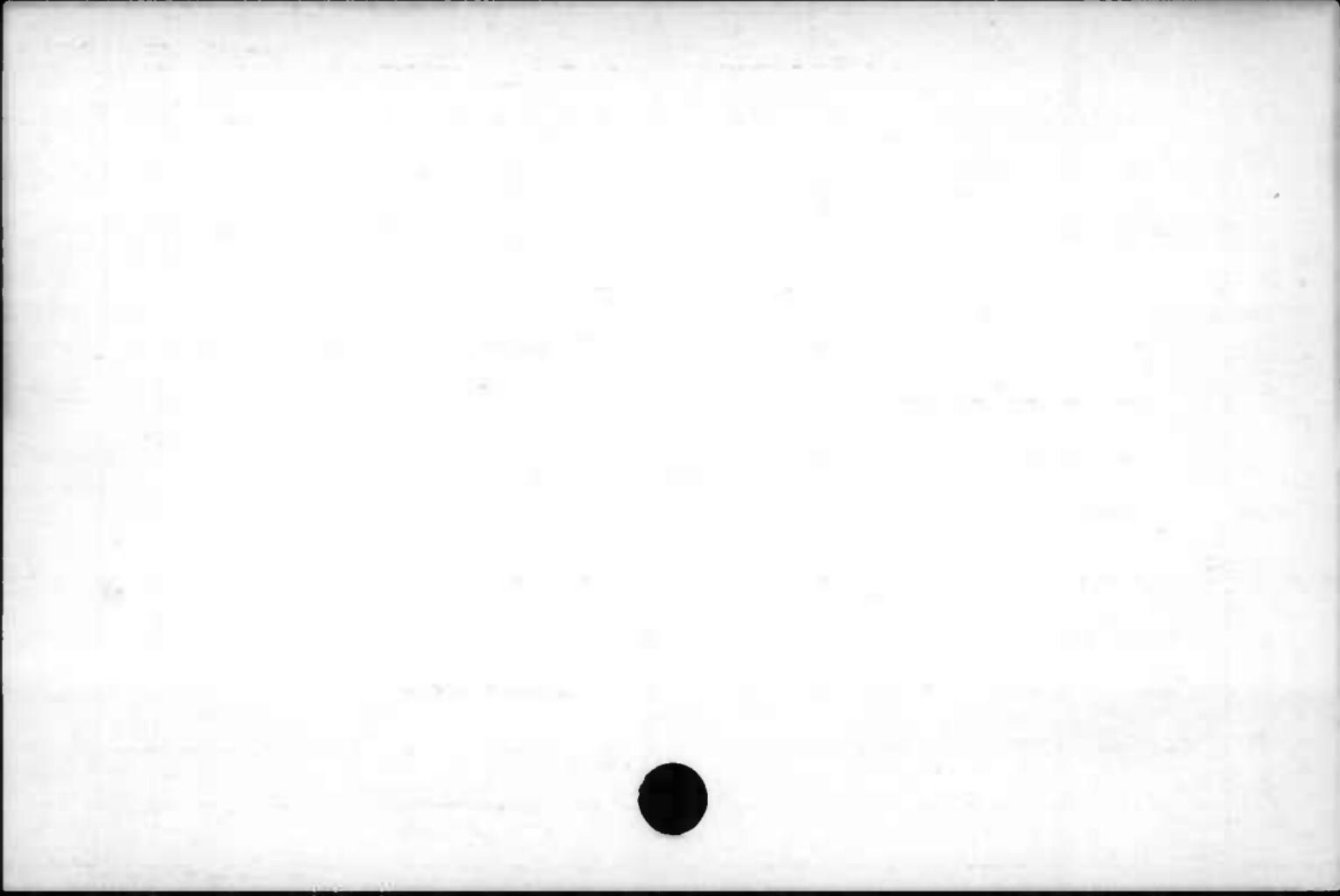
Signature of  
Physician

Address

C. A. Stultz  
Woodabow

Accident or Suicide?

✓



Name  
in  
Full

William H. Smith

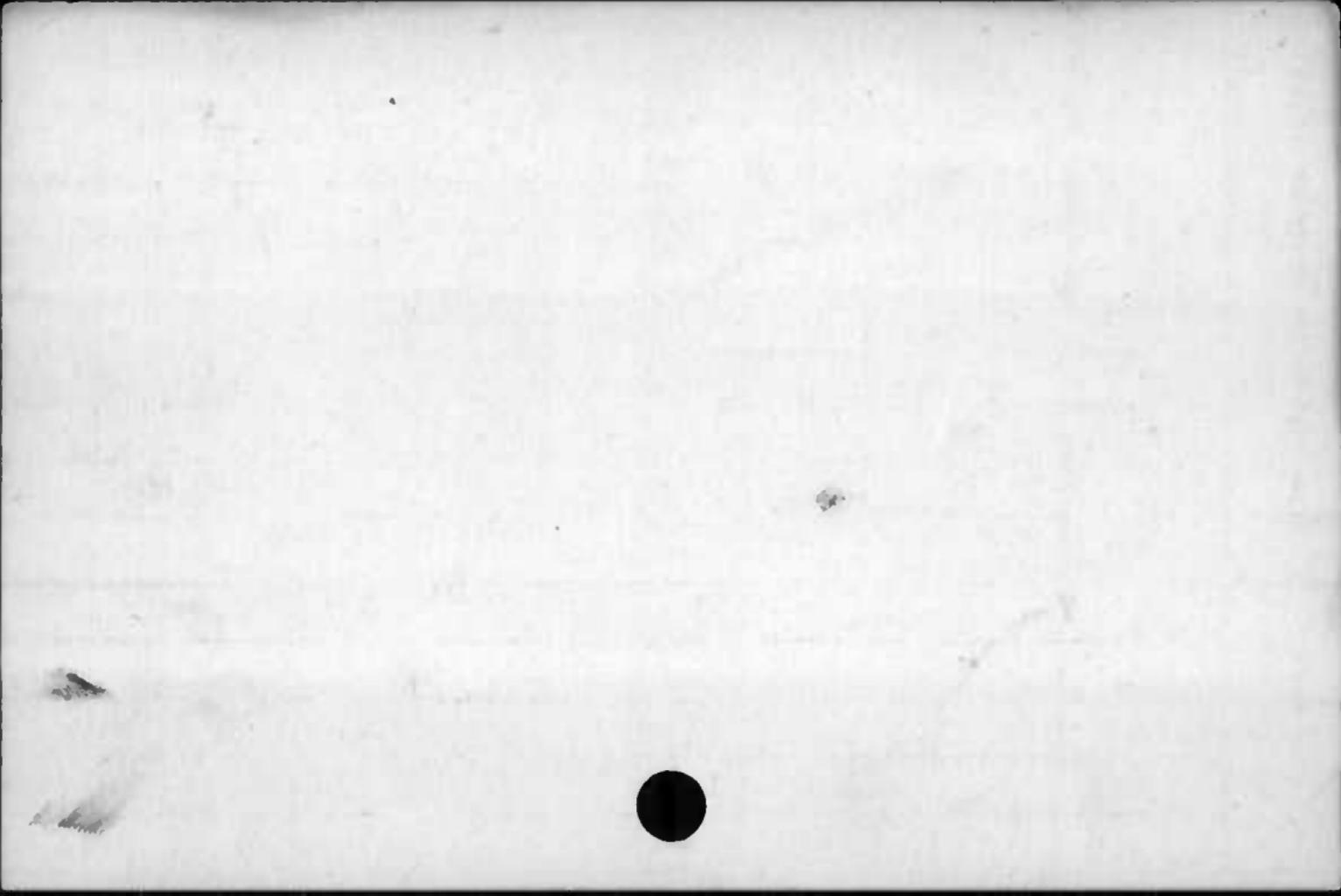
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Mar	12 <sup>th</sup>	26	7	4	
Sex	Male	Color or Race	white	Birth-place	Death-place	
Occupation	Brakeman on R.R.					
Married, Single or Widowed	Single					
Father's Name	Wm. Smith					
Mother's Maiden Name	Catherine Harbaugh					
Name of person giving Information	W. L. H. Gent					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Disease	
	Immediate	Cause	
	Pulmonary Tuberculosis		How long
	Bronch - Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. C. Jefferson	
		Address	
		Thurmont, Md.	
Accident or Suicide?			



Name  
in  
Full

U. H. Stallings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month Mar	Day 23	Years 22	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Labourer		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Md	
Father's Name	J. Oliver Stallings		Father's Birthplace	Md		
Mother's Maiden Name	Catherine Sugden		Mother's Birthplace	Md		
Name of person giving information	Catharine Stallings		How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

4 weeks

Immediate

Star Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

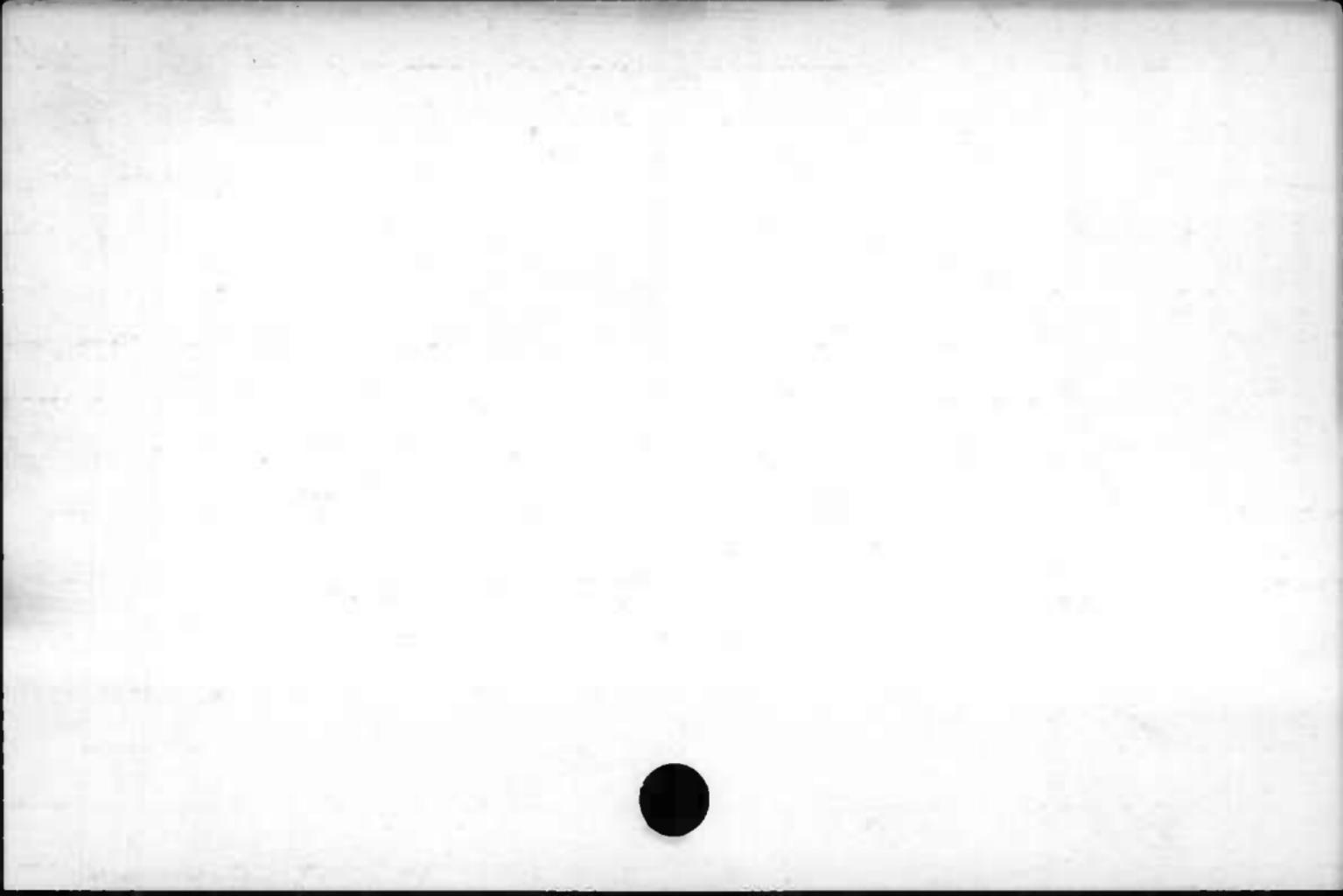
A. Glorine

Brunswick

Md

Accident or Suicide?

Md



Name  
in  
Full

James E. Staub.

CERTIFICATE OF DEATH

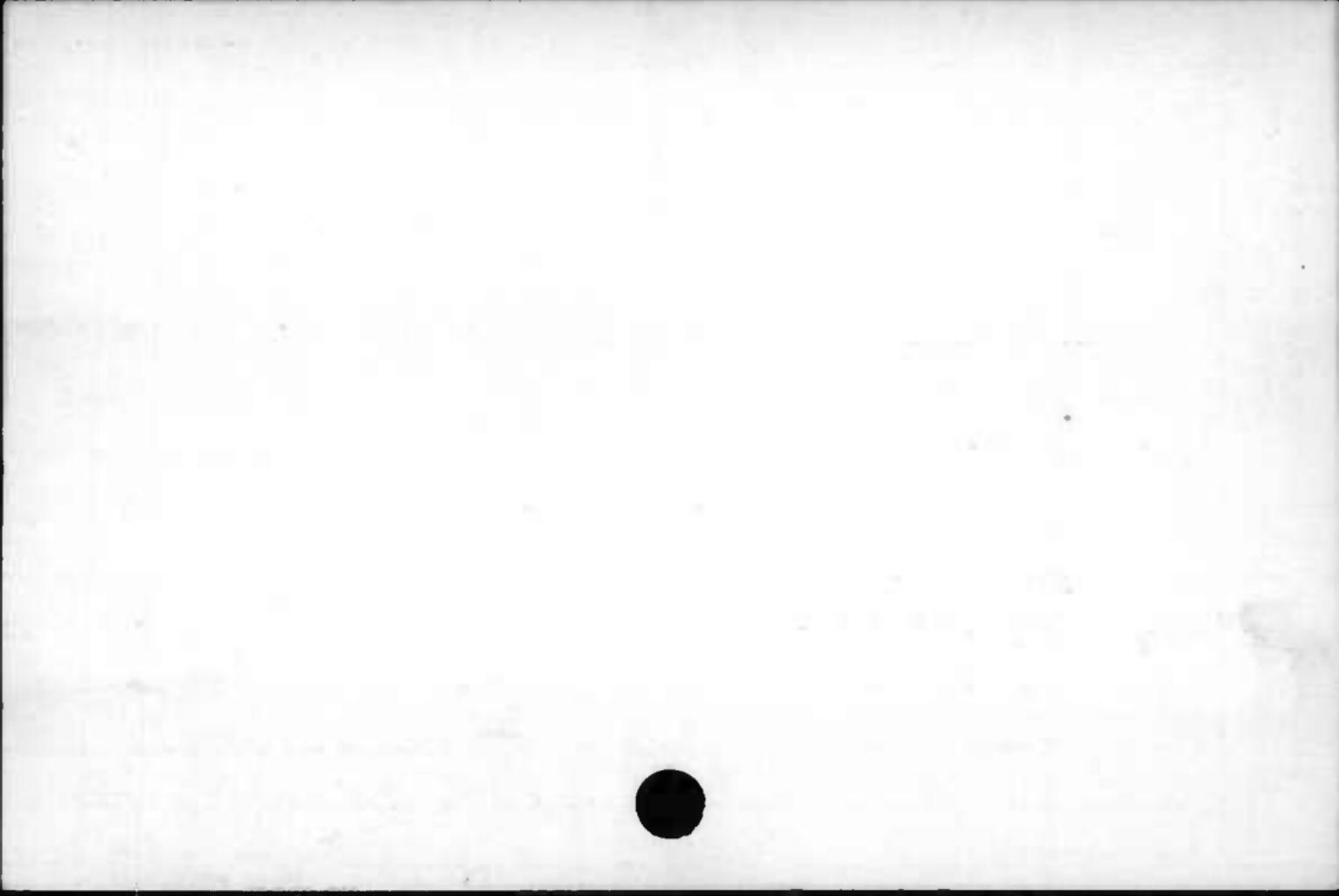
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Frederick Co.	
Occupation	Where Residing If not at place of death			303 W Patrick St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Boust			
Father's Name	David Staub			Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Mary Wilhite			Mother's Birthplace	" "	
Name of person giving Information	Mary Boust.			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Angina Pectoris		How long	5 minutes
Immediate	Syncope		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. Staub M.D.	
		Address	13 E Elmwood	
Accident or Suicide?	X		Frederick, Md.	



Name  
in  
Full

Charles W. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	3	28	56	1	26
Sex	Male	Color or Race	White	Birth-place	City
Occupation	Carpenter			Where Residing if not at place of death Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Susan M. Ogle.	Father's Birthplace	F. Co., Md.
Father's Name	Henry A. Stone			Mother's Birthplace	" " "
Mother's Maiden Name	Ann M. Cooney			How related to deceased	Widow
Name of person giving information	Mrs. Stone			29	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Intestinal Tuberculosis

How long

3 years

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Safirene MD  
136 Church St  
Frederick

Accident or Suicide?



Name in Full

Certificate of Death

Alice Josephine Starmer

Town Emmitsburg County Frederick MARYLAND

Died at

Date 19

Month MarchDay 29

Y.

M.

D.

Native of

America

Occupation

Male

White

Age

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband of

Wife

Father's Name Francis Sylvester Starmer Mother's Maiden Name Mary Catharine Florence

Cause of Death

Primary

Imperfect Respiration

How long sick

4 days

Death

Immediate

150

Accident, Suicide, Homicide

Reported by

J.W. Eickelbauer M.D.

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town		County		State		
Date of death	1906	Month	Mar	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Frederick Co			
Occupation	Inendant		Where Residing if not at place of death	~				
Married, Single or Widowed	Single		Name of Wife or Husband	~				
Father's Name	Jos. Wm. Stull		Father's Birthplace	Md				
Mother's Maiden Name	Mary Ann Chapman		Mother's Birthplace	" 11				
Name of person giving information	Jos. Wm. Stull		How related to deceased	Parent				

CAUSES OF DEATH

Primary

Hypertension

150

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

Morris A. Bink  
Thummous - Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Eliza J. Thomas,

CERTIFICATE OF DEATH

Died at

Town  
Frederick

County

MARYLAND

Date  
of death

1906

Month  
Mar

Day  
15

Years  
78

Age

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Eliza Thomas

Father's  
Name

David Duran

Father's  
Birthplace

Mother's  
Maiden Name

Margaret Freeburger

Mother's  
Birthplace

Name of person giving  
Information

Eliza Darty

How related  
to deceased

No Relation

CAUSES OF DEATH

Primary

General debility.

104

How long

Gradual.

Immediate

Acute Indigestion

How long

36 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. B. Johnson.

Frederick  
Md.

Accident or Suicide?

W. Oliver Kemplay  
3/7/06 H. H. Carte.

Name  
in  
Full

McKenzie

3/10/18

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Mt. Rocks</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>29</u>	Years <u>about 45</u>	Age at death	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate Self Means How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Liberterian Party Coroner*  
*West F. Hartney*  
*Frederick City, Md.*

Address

Accident or Suicide?



Augustus Wagner

Town

County

MARYLAND

Died at

Mt. St. Marys Frederick

Month

Day

Y.

M.

D.

Native of

Date 1906

3-9

Age 67

Pa

Occupation

wheelwright

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Savilla Hennler

Father's

Mother's

Name

Henry Wagner

Maiden Name

Catharine Adams

How long sick

Cause of

Primary

Gastritis with complications

3 weeks

Death

Immediate

Coroner

Accident, Suicide, Homicide

Reported by

Robert L. Arman M.D.

Address

Committing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rosa May Watts

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Brunswick Ind

Date

Month

Day

Years

Months

Days

of death 190

6 Febr 24

age 18

—

14

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

App. 2. Watts

Father's  
Birthplace

Mother's  
Maiden Name

Mary E. Kellie

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Tuberculosis

2

How long

about 2 yrs

Immediate

Pneumonia

How long

about 1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

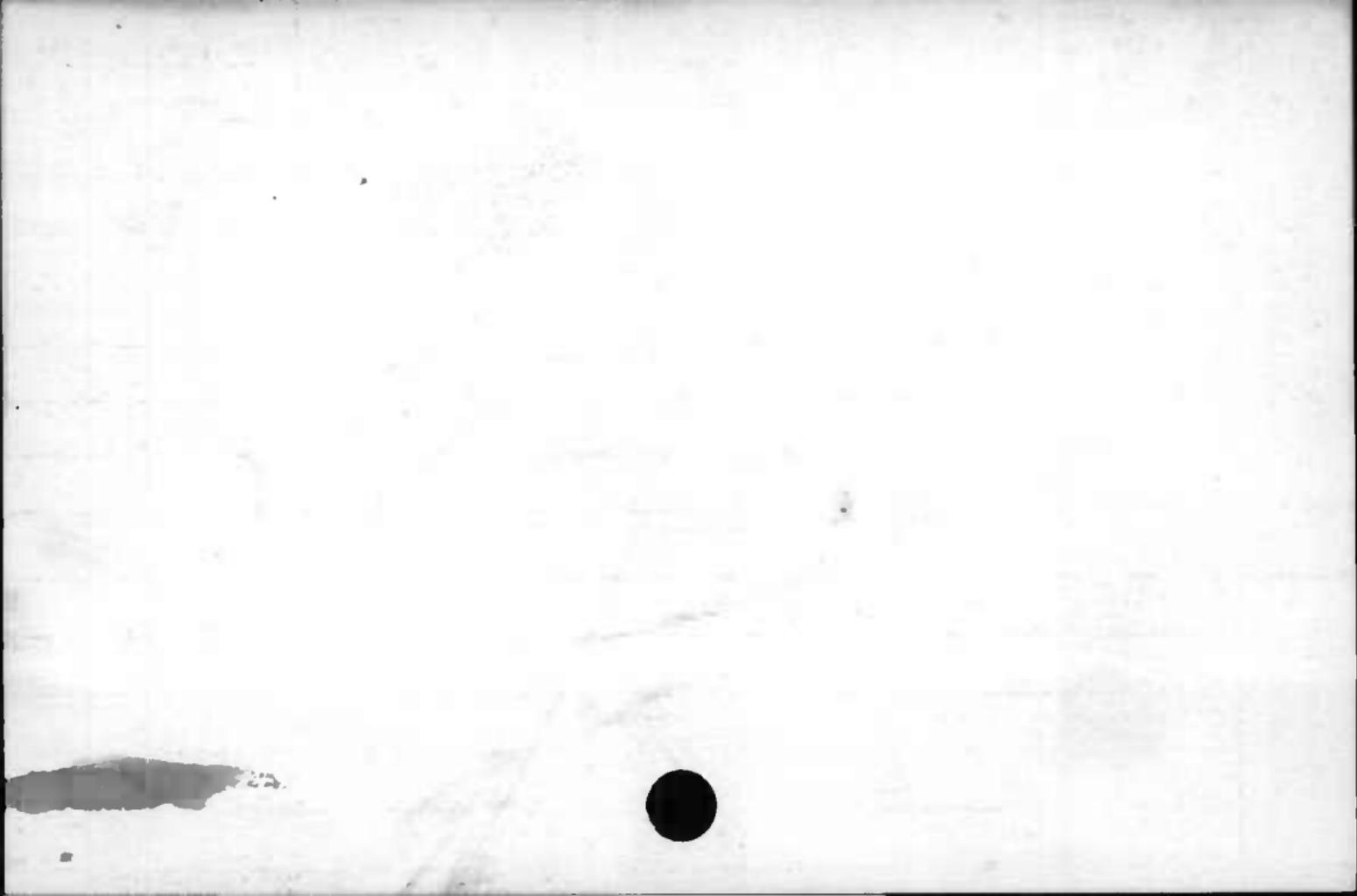
Signature of  
Physician

A. B. Schaefer MD

Address

Brunswick

Accident or Suicide?



Hester Ann Hansel

## CERTIFICATE OF DEATH

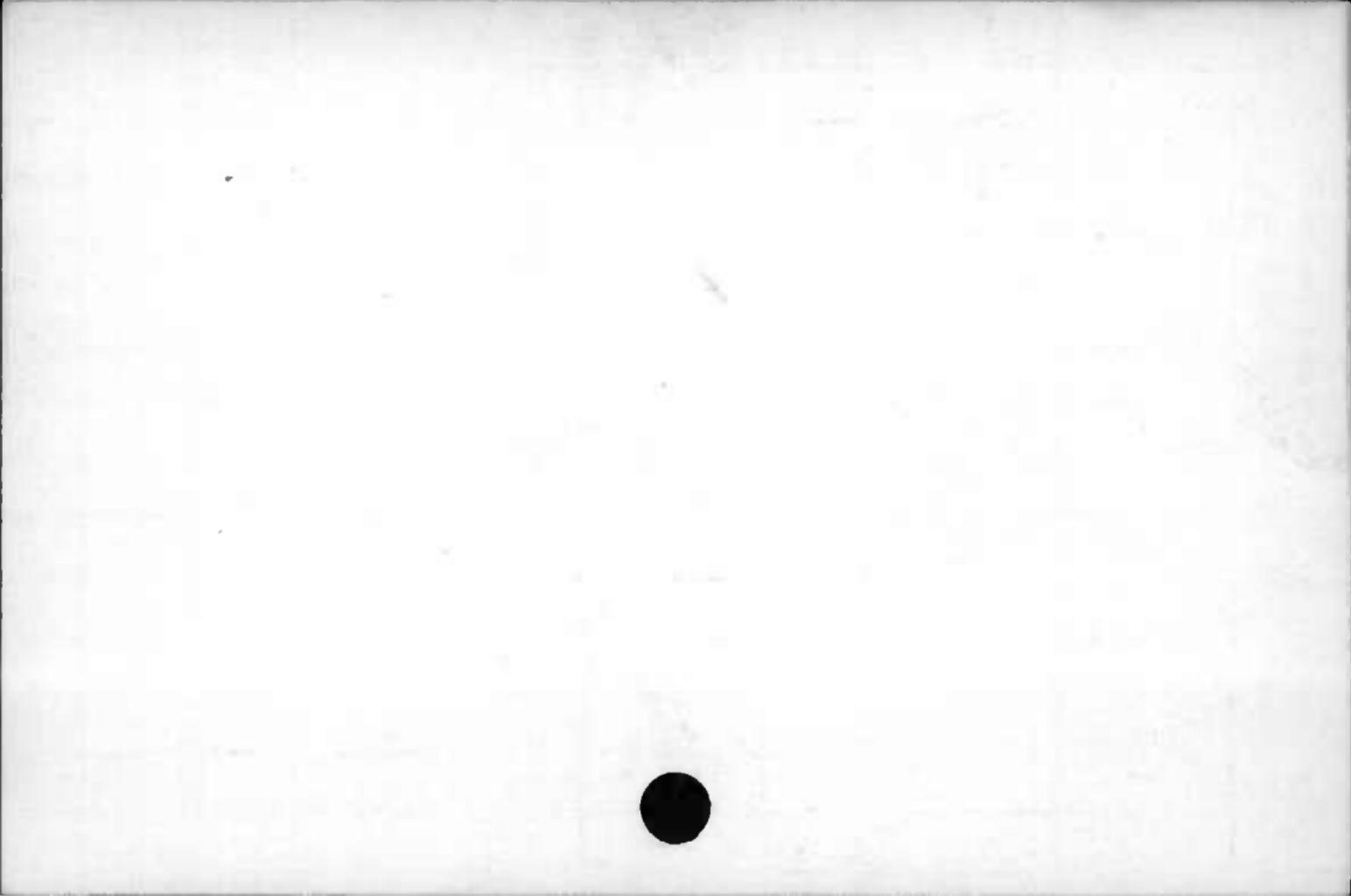
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
		Frederick	Frederick		MARYLAND	
Date of death	1906	Month	March	Day	31	Years
Age	86	Months	7	Days	13	
Sex	Female	Color or Race	Colored	Birth-place	va	
Occupation	Where Residing if not at place of death					Same
Married, Single or Widowed	Widowed	Name of Wife or Husband	Thomas Hansel	Father's Name	Don't know	
Father's Name	Don't know					Father's Birthplace
Mother's Maiden Name	" "					Mother's Birthplace
Name of person giving information	Jane Hansel					How related to deceased

154

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	General Debility	How long
	Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes, as far as could be ascertained.		Address	Dr. S. Bourne Frederick, Md
Accident or Suicide?			



Name  
in  
Full

Anna Barbara Weller

CERTIFICATE OF DEATH

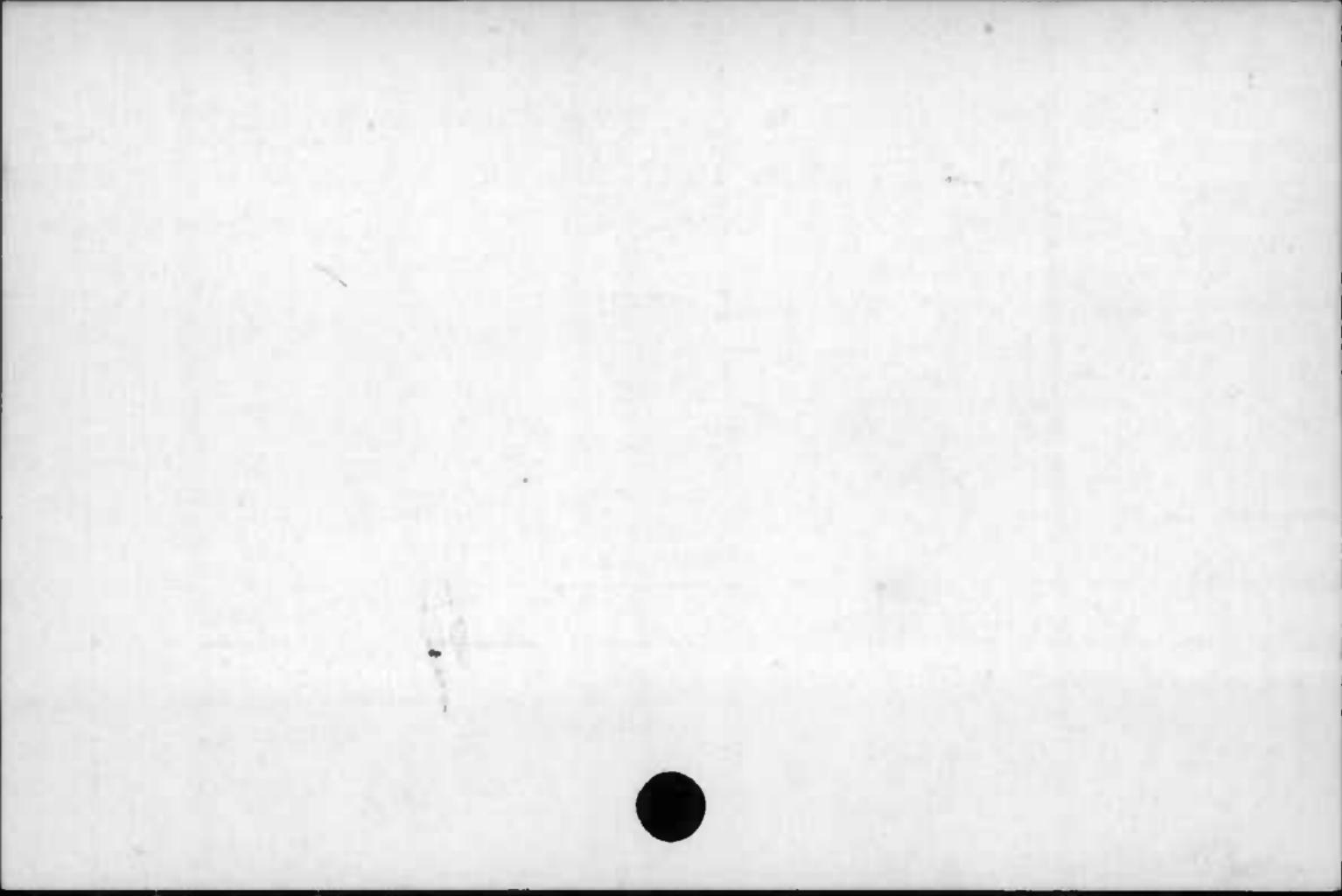
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 3	Day 26	Years 71	Months 3	Days 20
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Simon Weller		
Father's Name	Joseph Brown			Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Daniels			Mother's Birthplace	Md	
Name of person giving information	Chas Weller			How related to deceased	Son	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Chronic Bright's	(120)	How long	2 1/2 yrs -
Immediate	Heart failure		How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Mormie Bieley
			Address	Glennmont
Accident or Suicide?				md



Emma Catharine Williard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONERDied at Sabillasville

Town

County

MARYLAND

Date of death 1906 Month 3Day 23Years 36 Age 36Months 5Days 12Sex FemaleColor or Race WhiteBirth-place Sabillasville

Occupation

HousewifeWhere Residing if not  
at place of deathat place of deathMarried, Yes  
or WidowName of HusbandWilliam A. Williard

Father's Name

Samuel Moonhead

Father's Birthplace

Mother's Maiden Name

Amanda Williard

Mother's Birthplace

Name of person giving information

Wm. A. Williard

How related to deceased

Husband

## CAUSES OF DEATH

Primary

Childbirth140

How long

about 4 hours

Immediate

Shock & sudden heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

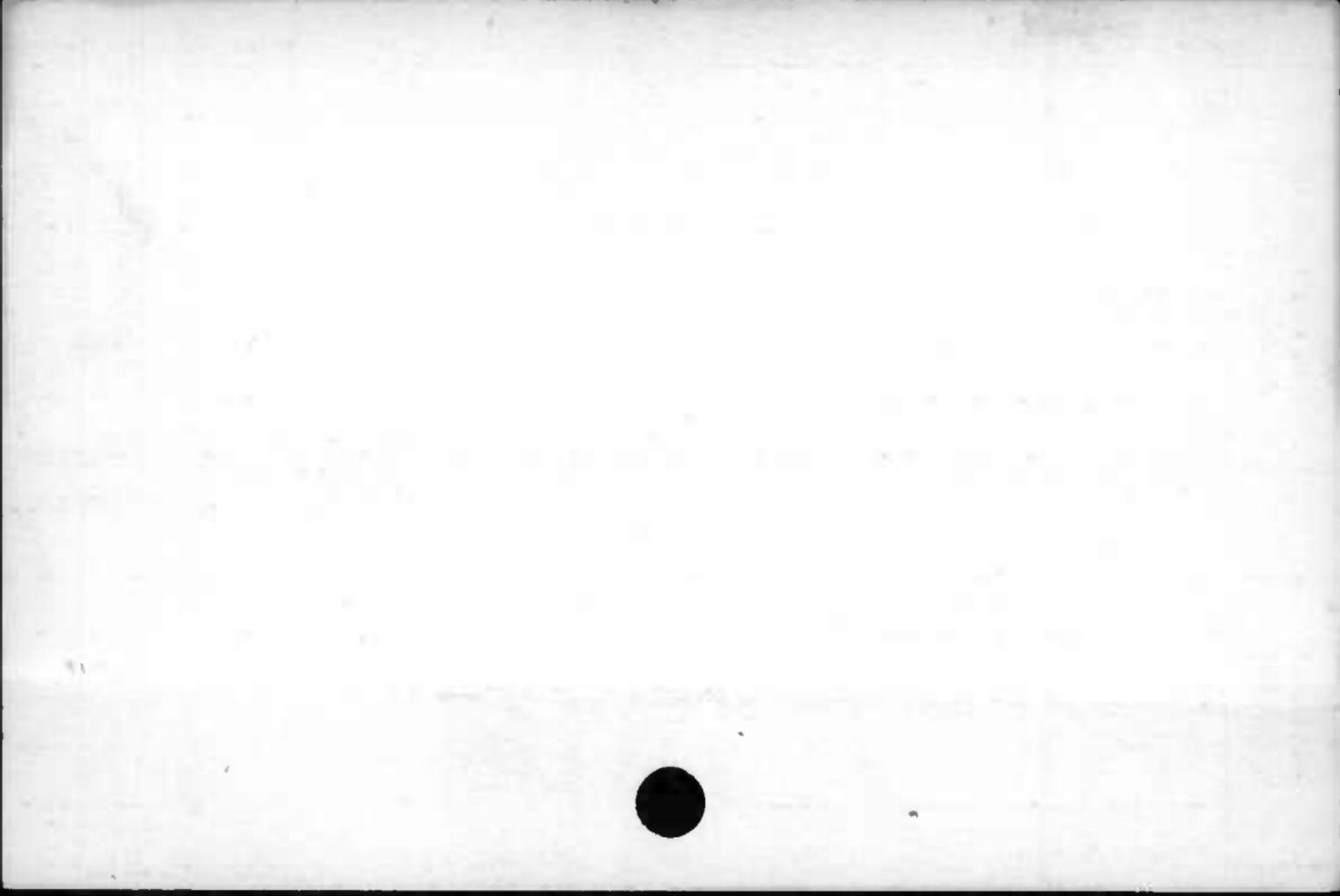
Signature of Physician

C. L. Wacker

Address

SabillasvilleMaryland.

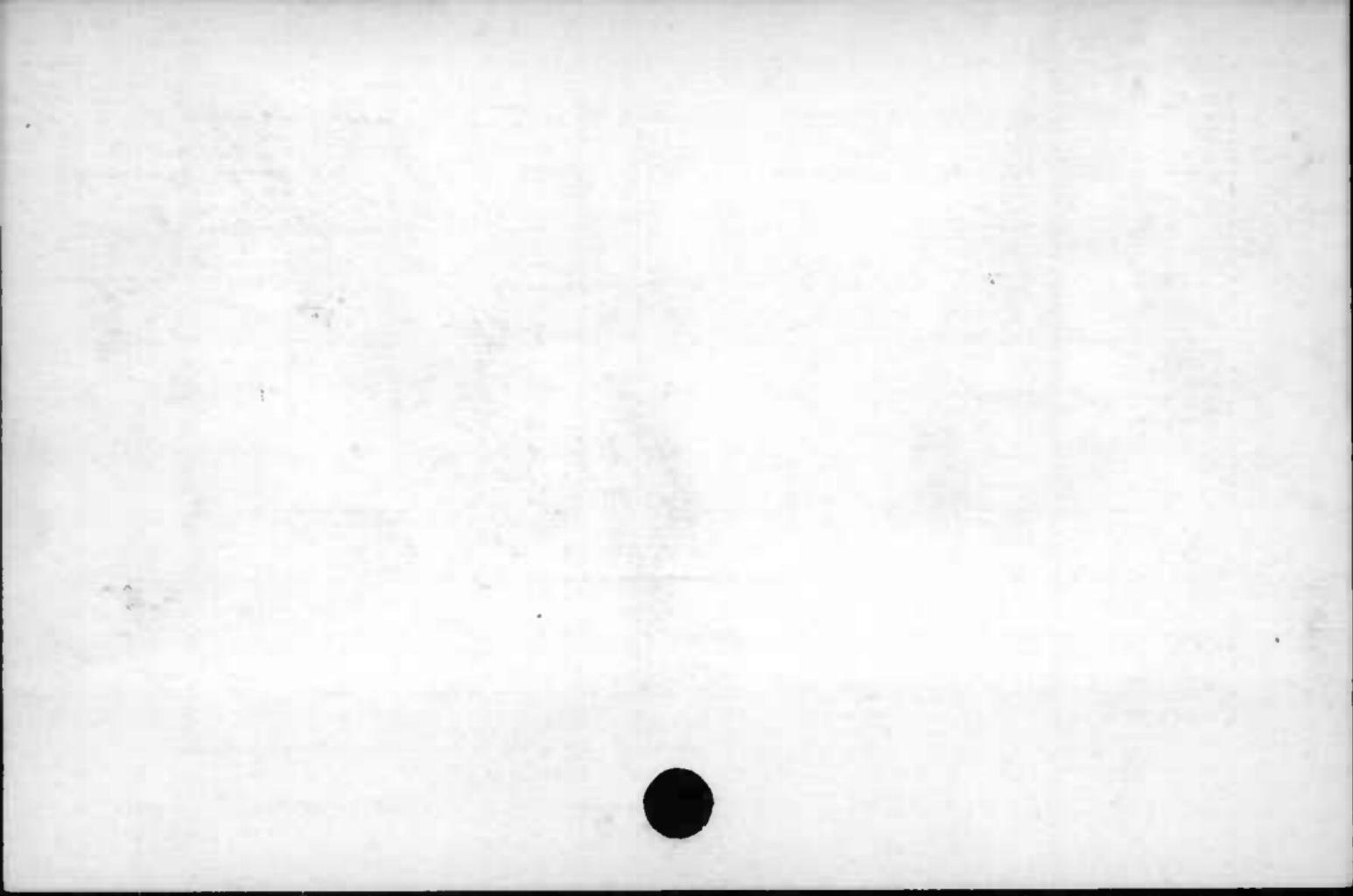
Accident or Suicide?



Jacob Young				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1906 Mar.		28th		81	3	2	
Sex	male	Color or Race	White	Birth-place	Middletown		
Occupation	Retired Farmer			Where Residing if not at place of death	Middletown		
Married, Single or Widowed				Charlotte E. Young			
Father's Name	Daniel Young			Father's Birthplace	Middletown, Md.		
Mother's Maiden Name	Mary Magdalene Bowles			Mother's Birthplace	Middletown, Md.		
Name of person giving information	Roy V. Hauser M.D.			How related to deceased	None		

## CAUSES OF DEATH

Primary	Heart & kidney disease		How long	About 1 yr.
Immediate	Heart disease & dropsy		How long	3 mo's
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Roy V Hauser M.D.	
		Address	Middletown Md	
Accident or Suicide?				



Name  
in  
Full

Sarah H S Grutz

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906 March	Day 4	Age 71	Years	Months 9	Days 5
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Abram S Grutz			
Father's Name	Benj Biggs					
Mother's Maiden Name	" "					
Name of person giving information	Daniel Grutz -					
(66)						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis (Cerebral)

How long

Immediate

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Morris A. Baily  
Oxon Hill - Md.

Accident or Suicide?



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bernard J. Zimmerman

## CERTIFICATE OF DEATH

Died at <u>Newark</u>		Town		County <u>Indones</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>2</u>	Age <u>25</u>	Years <u>25</u>	Months <u>11</u>	Days <u>26</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Indones Co</u>					
Occupation <u>Clerk</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <u>Chas. E. Zimmerman</u>	Father's Birthplace <u>Indones Co Ind</u>						
Mother's Maiden Name <u>Aloupe E. Henning</u>	Mother's Birthplace <u>Indones Co Ind</u>						
Name of person giving information <u>Chas E. Zimmerman</u>	How related to deceased <input checked="" type="checkbox"/>						

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Two years

Immediate

Alcoholism

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Johnson  
Indones Co Ind

Accident or Suicide?

